

# PHARMA AND THE PHYSICIAN

- The physician-industry relationship has been a subject of considerable focus in recent years
- In a survey of 3167 American physicians published in 2007, Campbell et al., reported that 94% of respondents had some type of relationship with the pharmaceutical industry.
- The relationships included: providing food at the workplace (83%); doling out drug samples (78%); reimbursement for costs associated with professional meetings or continuing medical education (35%), and payments for consulting, giving lectures, or enrolling patients in trials (28%).

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- Conflict of Interest in Medical Research, Education, and Practice-2009-NAP
- - such conflicts of interest threaten the integrity of scientific investigations, the objectivity of professional education, the quality of patient care, and the public's trust in medicine

# Indian Medical Council Regulation, 2002 on Pg no.3 states that-

- *Every physician should, as far as possible, prescribe drugs with generic names and he/she shall ensure that there is a rational prescription and use of drugs.*
- Generics in principle a good idea
- Problem of Spurious drugs may be more with generic?
- Price may come down and healthy competition will be encouraged
- Regulatory agencies has to be vigilant and prompt
- *And also not be a MRTP as one of our colleagues put it*
- Now that a single molecules is available in hundreds of brands difficult to remember the name and hence to know the details from case records
- Only for patent expired drugs

## PHARMA AND THE PHYSICIAN

- *A medical practitioner may carry out, participate in research project funded by pharmaceutical and allied healthcare industry if the research proposal has due permission from concerned authorities (ethical, legal) and the source and amount of funding is publicly disclosed at beginning.*

# If yes, how to ensure that the results of such a research are not biased?

- Very difficult indeed!
- As per code funds can be only be received through **approved institutions**
- Pharma companies sponsoring research is not a bad idea
- Funding has always a problem in pharma research
- Unless industry spend liberally on research new advents will not be forthcoming
- Ethical principles to be followed-Declaration of Helsinki
- And also the outcome should be subjected to “peer review”
- And agreement shall be reached upon prior to the signing MOU that the outcome shall be published irrespective of what is expected of the research
- And also the process has to be transparent
- Accumulating evidence provides strong grounds to believe that unethical behavior is not uncommon.
- Bero and Rennie in 1996 showed that industry funding negatively affected the content and quality of drug studies
- Pfizer-Gabapentin 2000 and valdecoxib in 2009 travofloxacin
- Money would go to an independent institution such as the ICMR that would organize and manage clinical trials and the data that comes out of them
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## PHARMA AND THE PHYSICIAN

- *A medical practitioner working for pharmaceutical and allied healthcare shall always ensure his professional integrity and interest of patients and shall not endorse any drug or product of industry publically.*

# What is your take on pediatricians endorsing vaccines publically? Do you think it is a breach of code of conduct?

Here it seems what “endorsing” means

- Endorsing vaccines is a different issue
- Justifying the use of a vaccine at individual level or community level does not amount to endorsing
- Unless a particular brand is favored over another without scientific basis
- And also the brand name may be avoided if it is not the only brand of the particular product
- But misinterpreting data or overinflating adverse events as in the case of acellular pertussis vaccine may not be justifiable and may be considered as a breach of the code

Point 6.8.1 (a to d) of Chapter 6 of  
Indian Medical Council Regulations, 2002 on Pg  
no.8 also states that-

- *A medical practitioner shall not receive any gift from any pharmaceutical or allied health care industry and their sales people or representatives*
- **Questions:**
- Which kind of gifts are exempted? Please see clause 2 above which says that Gifts for personal benefit are not to be offered. Can you name some gifts that do not offer “personal benefit”



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- The code as far as I know does not make any exemptions
- Anything received by a physician by a pharma company will have personal benefit
- If not there they won't offer it
- However inconspicuous it may be, it will affect the outlook of physician in favor of the provider
- Nothing comes free- 'no free lunch'
- But books and sponsorship for CMEs?
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*The companies should not provide free samples of drugs to any person, not qualified to prescribe such product. - Are free samples really required, even for the doctors?*

- The free samples may not be needed at all. I don't think the samples every time a MR visits make any difference
- Not needed especially when a drug in question is one that is there in the market for a pretty long time
- Samples may help-visual effect and also can refer later for contents and strength
- And may be able to help some patients?
- Cost definitely will escalate

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- *The Managing Director or the Chief Executive Officer of the company will be responsible for ensuring adherence to the Code and a self-declaration should be submitted by the MD or CEO within two months of date of issue of UCPMP and thereafter at the end of every financial year to the Industry Association. The DoP has also asked all the pharma industry associations to constitute an Ethics Committee for Pharma Marketing Practices (ECPMP), for handling complaints relating to implementation of UCPMP.*

# Should this code be converted in to a LAW?

## Justify with reasons

- Yes .industry should be bound to disclose their contributions to the profession
- Often laws also lose it teeth when enforcement is difficult
- Especially when it is easy to break it by covert means
- There are many laws which are practically observed in breaking rather than being observed
- Like laws forbidding child marriage, dowry etc
- Law or no law the compliance depend on consumer awareness and the integrity of people concerned

## PHARMA AND THE PHYSICIAN

- *Unethical promotion of medicines by pharmaceutical companies has been a matter of serious concern for the government for some years.*
- Aren't the doctors responsible for irrational combinations produced by the manufacturers. Recently, a product was launched with ofloxacin, ornidazole and racecadotril!!!

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- Yes
- Often we just accept the new drugs or combinations without questioning
- Eg of Nimuselide, mefanamic acid, widespread promotion of cefixime for all infections, various antibiotic combinations
- But the professional is not taught to be critical and the very curriculum enforces one to accept the teachings of our teachers without questioning them
- Questioning the teacher may delay getting your MD
- The very educational process including professional education is not conducive to one inculcating scientific temper

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- The provisions of the MCI Code seem to fulfill the need for a legal mechanism. However, the code has been criticized, as it did not prescribe any penalty for the doctors who violate the provisions. In response, MCI has suggested various degrees of punishments for doctors who accept gifts worth Rs.1000 from any pharmaceutical or allied healthcare company. The punishments range from censure (for accepting gifts valued between Rs.1,000 and Rs.5,000) to removal from the Indian or State Medical Registry for more than one year (for accepting gifts worth more than Rs.1,00,000). [13] However, there are still questions about the process of monitoring, and complaints. Besides, the code does not have any actions for the industry

# ***What are your final recommendations (Dos and Don't's) on Physician–Pharma connection***

- Codes are working guidelines
- Even if made laws unless the physicians is trained to be ethical by consumer awareness, peer pressure it is unlikely to be enforced
- IMA and other professional bodies have a lot to do in this regard
- They should constitute strong ethical bodies inside their organization and watch the actions of their members
- And also should keep away people e with conflict of interest from being a part of decision making bodies- it is not enough that they can claim that they have declared their conflict of interest and now they are free to proceed as they like
- Medical students and young doctors should be targeted for training in ethics and pharma practices of corrupting the profession