

Unethical Alliance between Physicians and Pharmaceutical Industry

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Introduction

Interactions between physicians and pharmaceutical industry have been increased significantly in over the last several years and it becomes such common activities. These interactions will lead to the conflict of interest between physician's duties to the patient and the pharmaceutical industry interest to sell the products as much as possible, in other words, profit-seeking behavior. Dr. Marius Widjajarta, Head of Indonesian Health Consumers Empowerment Foundation (YPKKI) has estimated Rp. 500 billion is spent each year by pharmaceutical companies in promotion and marketing and the total amounts of money circulating among physicians is more than 20 % and more than Rp. 500 billion ¹.

There are various approaches from pharmaceutical industry to become friendlier to physicians that violating ethical principles of physicians by influence prescribing patterns and stimulate requests for addition of drugs to the hospital formularies. The prescribing patterns will impact to the patient's welfare, sometimes patients feel their physicians gave too much drugs and the cost will be raised along with the number of drug types. Moreover, drugs price in Indonesia is very expensive. Prof. Dr. dr. Agus Purwadianto, DFM, SH, Msi, Sp.F (K), Head of Physicians Ethics Committee (MKEK) said that the expensiveness of drugs is caused by 20 % pharmaceutical industry's incentive to the physicians ².

Highly Competitive Business of Pharmaceutical Industry

Nowadays, competition in the pharmaceutical industry is at all-time high. Pharmaceutical industry becomes more and more to competing each others. In order to sell their products much more, they have to increase the sales strategy by attracting physicians through the aggressiveness of medical representatives. They tend to have more frequent visits to encourage physicians to prescribe drugs and thus increase sales^{3,4}. They visit physicians in a regular basis, week or month, to promote the drug's advantages and even push the physicians toward to use their products.

The physicians are, in general, sneaking away, trying to hide from medical representatives, since there are too many and they are too pushy and there is too little time, and the representatives probably have noticed that the reluctant physicians have always less time for short meetings and less interest and tend to reduce the time of the visit⁵.

Medical representatives often increase their sales by giving several gifts to the physicians in order to use their products. One of the medical representatives, Tika, in Pangkal Pinang said that they usually give physicians gifts such as cash money, funding for attend medical seminar, and high-value items if physicians use their products, Tika also added, the more prescribes given to the physicians, the more their bonuses received from pharmaceutical industry⁶.

Defining Interactions between Physicians and Pharmaceutical Industry

Interactions between physicians and pharmaceutical industry were found to start as early as medical school and to continue well into practice ⁷. Such interactions are gifts, samples, industry-paid meals, funding for travel or lodging to attend educational symposia, CME (Continuing Medical Education) sponsorship, honoraria, research funding, and employment ⁷.

These interactions would lead to diminish objectivity of professional judgments and conflict of interests of physicians. Thus conflict of interests would violate best interests of patients and also decline physician's professionalism and integrity.

Conflicts of interest occur when physicians have motives or are in situations for which reasonable observers could conclude that the moral requirements of the physician's roles are or will be compromised. In terms of industry influences, financial conflicts of interest occur when physicians are tempted to deviate or do deviate from their professional obligations for economic or other personal gain ⁸.

Interaction Effects

Interactions between physicians with pharmaceutical industry were found to have several negative outcomes. Following negative outcomes are ⁷:

- **Knowledge**, inability to identify wrong claims about medication.
- **Attitude**, positive attitude towards medical representatives, awareness, preference and rapid prescribing of new drugs.
- **Behavior**, making formulary requests for medication that rarely held importance advantages over existing ones, non-rational prescribing behavior, increasing

prescription rate, and prescribing fewer generic drugs but more expensive, newer medications at no demonstrated advantage.

Sixteen studies were identified (Exhibit 1) that assessed the impact of the physicians industry interaction on knowledge, attitudes, and prescribing practices of physicians⁷.

Exhibit 1. Effect of Physician-Pharmaceutical Industry Interactions on the Practitioner

Interaction	Outcome	Findings
Interaction with PR	Attitude	Exposure to PR associated with positive perception of PR ($\beta = .638; P = .02$) (R); ²¹ perception of appropriateness of other interactions ($r = 0.706; P = .02$) (R) ²¹ Perceived support by PRs ($r = 0.384; P < .01$), ²⁸ the availability ($r = 0.30; P < .001$) and applicability ($r = 0.30; P < .001$) of PR information and of the PRs themselves ($r = 0.54; P < .001$), ²⁴ and receiving practical prescribing information ²⁹ associated with positive perception of PR (P)
	Formulary request	"Request made at suggestion of PR in the last year" (R, 4%; P, 20%) ²⁹ Contact with PR associated with increased likelihood of request for PR's drug vs those who did not meet PR (OR, 3.4; 95% CI, 1.8-6.6), and vs request for other company's drug (OR, 4.9; 95% CI, 3.2-7.4) (P) ¹⁷
	Prescribing	Frequency of contact associated with change of practice (R, $r = 0.049, P = .003$; P, $r = 0.016, P = .003$) ²⁹ higher prescribing cost ($r = 0.155; P < .01$) (P), ²² and rapid prescription of a new drug ($r = 0.35; P < .002$) (P) ²⁰ Relying on PR associated with decreased likelihood of prescribing generic by 66% (P) ¹ and less rational prescribing ($r = 0.195; P < .03$) (P) ²²
Gifts	Attitudes	Receiving a gift ²⁰ and number of gifts received ($r = 0.24; P < .04$) ²⁸ are associated with belief that PRs have no impact on behavior (R) Receiving high-relevance gifts is associated with positive attitude toward gifts (P) ³⁰
	Attitudes	Positive attitude toward the PR (P) ³⁰
Samples	Attitudes	Positive attitude toward the PR (P) ³⁰
	Prescribing	Awareness, preference, and rapid prescription of a new drug ($r = 0.35; P < .002$) (P) ²⁰
Industry-paid meals	Formulary request	Increased likelihood of request for any drug ($r = 0.089; P = .03$) ²⁹ ; 8% of requesting physicians vs 3% of controls "occasionally" shared meals; 14% vs 1% "often" shared meals ($P < .01$) (P) ¹⁷
Conference travel	Formulary request	Increased likelihood of request for sponsor's drug (OR, 7.9; 95% CI, 1.1-55.6) vs controls who did not benefit (P) ¹⁷
	Prescribing	4.5- to 10-fold increase in preconference prescribing rate of sponsor drug (compared with 2.5- to 3.5-fold national rate increase) (P) ¹²
PR speakers	Knowledge	Learning of inaccurate information (only 26% able to identify inaccurate claims) (R) ²⁷
	Prescribing	Appropriate treatment for complications of discussed illness (OR, 8.4; 95% CI, 2.1-38.9) (R) ¹⁵ Inappropriate treatment (higher cost, more invasive) for milder forms of the discussed illness (100% vs 79% of those not in attendance; $P = .03$) (R) ¹⁵
CME funding	Content	More frequent mention (2.5 to 3 times) of positive effects of sponsor's medication and negative or equivocal effects of competitor's ($P < .05$) (P) ¹⁸
	Prescribing	Highest increase (5.6% to 18.7%) in the rate of prescription of the drugs made by the CME sponsor, while decrease or smaller increase in rate of competitor's drug ($P < .05$) (P) ¹⁴
Honoraria	Formulary request	Increased likelihood of request for any drug ($r = 0.178; P = .003$) ²⁹ from those who benefit "occasionally" (OR, 4.0; 95% CI, 1.0-16.8) and "often" (OR, 29.1; 95% CI, 3.4-246.8) (P) ¹⁷ Increased likelihood of request for sponsor's drug vs controls who did not benefit (OR, 3.9; 95% CI, 1.2-12.7), and vs request for other company's drugs (OR, 2.2; 95% CI, 1.1-4.2) (P) ¹⁷
Research funding	Formulary request	Increased likelihood of request for any drug ($r = 0.102; P < .05$) ²⁹ ; 61% of requesting physicians vs 29% of controls benefited ($P = .002$) (P) ¹⁷ Increased likelihood of request for sponsor's drug (OR, 9.5; 95% CI, 2.6-35.7) vs controls who did not benefit (P) ¹⁷

*CME indicates continuing medical education; PR, pharmaceutical representative; P, physicians; R, residents; S, students; OR, odds ratio; and CI, confidence interval.

Patients are the main victim of these interactions, it causing drugs price become more expensive for them, because costs for the interactions is calculated as a cost for product's marketing strategy including commission fee for physicians. Furthermore, physicians could give several types of drugs to the patients which will make total costs raised, even the patients itself don't need the drugs.

Physician and medical writer Kartono Mohamad said the government needed to regulate the industry to end this collusion because it affected the overall quality of the national health service ⁹. Kartono also said,

“You can be at an intensive care unit, and then a cardiologist will come and prescribe you five kinds of drugs. And then neurologist comes afterwards, giving you several other drugs. Not only the patients end up paying a lot, but also the drugs may counteract with one and another. And nobody control and monitor that”⁹

Ethical Issues

The interactions between physicians and pharmaceutical industry which causing conflict of interests are violating concepts of ethical theory, duties, rights, best practice, and commitments ¹⁰. Physicians have duties and commitment to altruism, integrity, and putting the best interests to the patients.

Pharmaceutical industry has a duty to uphold an ethical relationship within the marketplace. There is a duty of care to the health and safety of all. The example of ethical within the marketplace is fairness of sales strategy by not offering commissions or any non-related gifts to physicians for any product's industry in prescription of medication. The key part of pharmaceutical industry sales is medical representatives, so they also

have a duty to deliver right information of drugs, its benefits along with the safety and side effects.

In the case of interactions between physicians and pharmaceutical industry, it also against the standard principles of ethics such as:

- **Fiduciary principles** (act in the best interests of the company and its investor), self benefit at expense of company.
- **Dignity principles** (respect the dignity of all people), violates to protect patient's health by giving different kinds of drugs which in fact don't need by the patients itself and possibility several drugs could counteract each other.
- **Transparency principles** (conduct business in a truthful and open manner), physician's truthfulness and honesty in prescription of medication, disclosure of any gifts given by pharmaceutical industry to the physicians.
- **Fairness principles** (deal fairly with all parties), pharmaceutical industry often doing unfair competitive advantages in sales and marketing by getting too aggressive to the physicians. In the end it will cause conflict of interests and violates best interests of patients.
- **Citizenship principles** (acts as responsible members of community), although there is code of practice on the promotion of drugs for pharmaceutical industry and code of medical ethics for physicians, most of them doesn't have no respect within the codes.

Identifying Root Cause

The unethical relationship between pharmaceutical industry and physicians also commented by experts. Experts blamed a lack of regulations, poor monitoring, unfair business competition, corruption and people's lack of awareness about drug pricing for the high charges.

Kartono during seminar on drug pricing versus quality said,

“It is about issues of ethics, but it is also a legal matter. Both pharmaceutical and doctors associations must be strict in dealing with this issue, with the government mediating between them”⁹

Head of the Indonesian Health Consumer Empowerment Foundation, Marius Widjajarta, said over the weekend that although the country had a legal body to monitor food and drugs, it did almost nothing¹¹. Marius said,

“We can say that almost no monitoring of drugs exists”¹¹

Recommendations

Several recommendations for the interactions between pharmaceutical industry and physicians are:

- **Cooperation between related organizations.** Cooperation and coordination are needed between many elements such as government, pharmaceutical industry, and professional organizations or associations to solve this unethical alliance of physicians and pharmaceutical industry by creating comprehensive regulation and ethical guideline. Furthermore they should also monitor the implementation.

Cooperation and coordination should be involved these elements:

- **Government**, Health Ministry and The Food and Drug Monitoring Agency (BPOM)
- **Pharmaceutical Industry**, Indonesian Pharmaceutical Association (GP Farmasi) and International Pharmaceutical Manufacturing Group (IPMG)
- **Medical Association**, Indonesian Doctors Association (IDI) and Indonesian Pharmacist Association (ISFI).
- **Committee**, Physicians Ethics Committee (MKEK) and Indonesian Ethics of Pharmaceutical Industry Committee (MEUFI)
- **Audit of prescriptions.** BPOM cooperate with IDI should be audited the prescriptions of physicians.
- **Direct meeting with medical representatives.** Physicians should be prohibited to interact directly with medical representatives as a matter of professional integrity. Not all of the medical representatives are giving right and proven information so they could lead physicians to misunderstanding of medication.
- **Gifts.** Discourages acceptance of all kinds of gifts, promotional items, free lunch, payment for travel to or time at meetings, and payment for participation in CME. Gifts that could be accepted by physicians should primarily benefit patients such as textbook that serve for educational function.
- **Research Support.** Research support or funding should not be prohibited as long as pharmaceutical industry and physicians keep their transparency to the public via electronic media.

- **Legal body of code of ethics.** Code of Medical Ethics and Code of Drug Promotion Practice should have a legal body. Now, although it already defines unethical interactions between physicians and pharmaceutical industry, the unethical relationship still exists and become unmanageable.
- **Educate patients about generic and patent drugs.** Patients should be socialized about generic and patent drugs. They should know benefits of generic drugs. Generics drugs are more affordable and will give the same results as patent drugs. Generic drugs information with its benefits in the pocket-size books would easier patients carrying drugs information while on a trip.
- **Hospital drug formularies.** Hospital and medical group formulary committees and committees overseeing purchases of medical devices should exclude physicians (and all health care professionals) with financial relationships with drug manufacturers, including those who receive any gift, inducement, grant, or contract. These policies would help ensure that decision making for formulary drugs and medical devices is based solely on the best available scientific evidence ⁷.
- **Provide information on drugs packaging.** To control drug pricing, BPOM should monitor and control pharmaceutical industry to print the generic names and recommended retail prices of drugs on drug packaging. Those who do not comply with the rules will lose their license to distribute their products ¹².

Conclusions

Interactions between physicians with pharmaceutical industry were found to have several negative outcomes that will diminish patient's best interests. Such interactions are gifts, samples, industry-paid meals, funding for travel or lodging to attend educational symposia, CME (Continuing Medical Education) sponsorship, honoraria, research funding, and employment. Government need to stringent regulation in order to prevent the unethical alliance between physicians with pharmaceutical industry.

Cooperation and coordination are needed between many elements such as government, pharmaceutical industry, and professional organizations or associations to solve this unethical alliance of physicians and pharmaceutical industry by creating comprehensive ethical guidelines. Each element should have commitment with the ethical guidelines. Patients also need education about benefits of generic drugs which more affordable and give the results as well as patent drugs.

Endnotes

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