VOLUME-8, ISSUE-9, SEPTEMBER-2019 • PRINT ISSN No. 2277 - 8160 • DOI : 10.36106/gjra

Original Research Paper

Medical Science

IMPROVEMENTS OF THE RELATIONSHIP BETWEEN PHYSICIANS AND DRUG COMPANIES

Dr. Micheline Khazzaka

Independent researcher

ABSTRACT There is always a high need for more strengthening the ethical norms regulating the interaction between physicians and pharmaceutical industries. The improvement of policies and regulations minimize healthcare cost on patients. For this purpose, this paper proposes several guidelines.

KEYWORDS : Cost, Patients, Pharmaceutical Companies, Physicians, Regulations.

INTRODUCTION

Most drug companies appear to be employing marketing strategies that leave them open to various risks, including failing to clearly understand the target market, and wasting valuable time and resources (Harris, 2001). The elevated costs for marketing are ascribed to the fact that most companies are not quite sure of the marketing technique that works best for them, therefore employing several methods, some of which are ineffective though costly. The improvement of pharmaceutical marketing strategies, policies, and regulations minimize healthcare cost on patients (Chimonas, Brennan & Rothman, 2007).

DESCRIPTION

Ethical questions are always being asked. Is it ethically permissible to provide free medicines to physicians (Noordin, 2012)? It is substantial to mention that gifts whether cheap or expensive cost the pharmaceutical company money that will be added to the cost of medication (Chimonas, Brennan & Rothman, 2007) that in return will have negative economic consequences on the patients.

Public policymakers should take prescription behavior more seriously by conducting prescription behavior studies at regular intervals, to specifically understand the impact of tangible rewards on physicians' prescribing patterns and control unethical practices by both pharmaceutical companies and physicians. For example, studies can be conducted by the ministry of public health in collaboration with WHO. It is also recommended to fulfill the need for establishing more detailed laws to regulate interactions between physicians and each one of the pharmaceutical marketing strategies used by drug companies. There should be rules and regulations where promotional materials offered to doctors are only limited to scientific materials.

From another hand, the illusion that industry is a generous, avuncular partner to physicians is the cornerstone of a sophisticated, multifaceted process of pharmaceutical and medical device promotion. Subconscious biases render physicians unable to assess the effects of conflicts of interest. Academic medical institutions need to counteract the medical profession's improper dependencies on the industry. Herein, there is a need to enact strong policies and regulations to educate medical students at faculties about the social psychology underlying such manipulative marketing techniques and how to resist them (Sah, Moore & MacCoun, 2013). A culture where the acceptance of gifts creates shame in physicians will make the practice of accepting gifts less common and mitigate the social norm of reciprocation. If a critical mass of respected physicians avoids being placed in positions of indebtedness to industry and if greater academic prestige accrues to an arms-length rather than to a close relationship with industry, in this case, a new social norm may emerge that rejects transactions if-aught with conflicts of interest (Goyal & Pareek, 2013). That norm would promote rather than undermine patient care and scientific integrity. Generally, physicians should take care to seriously consider the consequences of their cooperation with any drug company; overestimate rather than underestimate the effect that subtle social influences may have on their clinical judgments, and make efforts to obtain information regarding drugs from independent and varied sources (Leffler, 1981). Physicians must resist industry influence (Sah & MacCoun, 2013). The first step toward increasing physicians' resistance to industry influence is for them to understand and accept that they are individually vulnerable to subconscious bias. Indeed, seminars increase physicians' and medical students' awareness of their susceptibility to industry marketing.

The ministry of public health should continuously develop the ethical code based on the newly developed laws to control pharmaceutical promotional activities of professionals, and it has to put in place processes for implementation. Local companies need to adopt policies similar to those of big international pharmaceutical companies which have two ethical centers, a medical department that imposes selection criteria for congresses and an audit office that checks and audits all expenses and activities.

National companies are invited to self-impose their internal ethical codes which are beyond the Lebanese law requirements, and they are invited to become members of the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA).

Also, because people do not attempt to avoid risks to which they do not consider themselves susceptible (Brett, Burr & Moloo, 2003), it is highly recommended to be sure that all physicians are aware of the laws and the regulations when legislated. Physicians should stay updated regarding any new laws, regulations, and guidelines. Reminders to companies and physicians and pharmacies regarding this issue should be sent regularly.

Finally, policymakers have to control guidelines' implementation to limit unethical promotion practices and unethical prescription patterns. We suggest implementing a reporting system that keeps track of physicians' prescription patterns, and their interactions with pharmaceutical companies.

CONCLUSION

Several variables must be taken into account while regulating the interaction between physicians and pharmaceutical companies in order to best serve the patients. It is highly recommended to not only set internal guidelines and regulations inside the drug companies as well as national and

international guidelines, but also to strictly implement them.

REFERENCES

1. Brett, A. S., Burr, W., & Moloo, J. (2003). Are gifts from pharmaceutical companies ethically problematic?: a survey of physicians. Archives of internal medicine, 163(18), 2213-2218.
2. Chimonas, S., Brennan, T.A., & Rothman, D.J. (2007). Physicians and drug representatives: exploring the dynamics of the relationship. Society of General Internal Medicine, 22(2), 184-190.
3. Goyal, R., & Pareek, P. (2013). A review article on prescription behavior of doctors, influenced by the medical representative in Rajasthan, India. IOSR Journal of Business and Management, 8(1), 56-60.
4. Harris, I. (2001). Closing the door on sample closets. Minn Med, 84(1), 17-20.
5. Leffler, K. B. (1981). Persuasion or information? The economics of prescription drug advertising. The Journal of Law and Economics, 24(1), 45-74.
6. Noordin, M.I. (2012). Ethics in pharmaceutical issues, contemporary issues in bioethics.
7. Sah, S., Moore, D. A., & MacCoun, R. (2013). Cheap talk and credibility: The consequences of confidence and accuracy on advisor credibility and persuasiveness, Organizational Behavior and Human Decision Processes, 121(2), 246-255