

Ethical Problems Of Physicians In Relationship With Pharmaceutical Representatives In Denizli, Turkey

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Abstract

To determine the presence and the kind of the problems in the relationship between pharmaceutical representatives and the physicians, a study based on a questionnaire had been planned. Two hundred and twenty nine physicians who were working in the formal institutions of Denizli City Center were included in the study and were asked to complete the questionnaire. According to results of the study; 48% of the physicians were visited by the pharmaceutical representatives at least once a day and some ethical problems belonging to these encounters were described by 81.2% of the physicians. The frequently determined ethical problems were in descending order: prescription according to some profits, gifts besides the pharmaceutical products, inappropriate period and timing of encounters, and discrimination of the physicians. Among the other problems the following were mentioned: neglecting the patients' privacy and absence of the respectfulness. When searching for the origin of these ethical problems, pharmaceutical industry, pharmaceutical representatives, and hospitals constituted the leading causes. The study addressed and evaluated ethical problems in the relationship of pharmaceutical representatives.

INTRODUCTION

Nowadays, the relationship between the physicians and their academical and occupational institutions and with health industry has been the focus of intense attention in TURKEY. The description of the health industry, here, includes the commercially productive institutions and all the commercial and industrial institutions which are involved in marketing the products and promotions to increase the sales (1).

Pharmaceutical institutions have in the last 25-30 years supported some scientific investigations and sometimes with their investigations passed away the academical institutions. In addition, the pharmaceutical industry improves educational studies by introducing the results of these investigations, supplying the rapidly increasing medical knowledge to physicians and as a result, increases the quality of medical services that are given to the patients. Naturally, the principal aim of these studies are not only in advantage of medicine but has the aim of gain profits as this industrial chain is based on commerce (1,2).

In our country there are thousands of drug preparations. In addition, investigations on new drugs and the findings of fields for marketing new drugs are attractive for the interest of the pharmaceutical industry. Because of this purpose, this industry forces their representatives to communicate with

physicians and to introduce their products. As a result, a different occupational relation is emerging. Promotional studies of the pharmaceutical industry began in 1950's with the marketing of the tetracyclines after the penicillines had emerged. The pharmaceutical company which took the patent of tetracyclines spented approximately 500,000 dollars for promotional studies in the 2 months after marketing the drug and increased their sales to 250% in 4 years in order to occupy 25% of this drug market. These results encouraged the development and settlement of the promotional studies in the pharmaceutical industry (3).

More than half of the physicians are visited by pharmaceutical representatives at least once in a day and the duration of these encounters in a day constitute at least 15 minutes (4). To introduce the drugs and to increase the number of prescriptions, the physicians are the real aim of these encounters. According to this aim, different promotional and marketing procedures are being used. Simple drug brochures, free drug models, invitations for dinner and cocktails and supporting costs of scientific meetings constitute the broad spectrum of these promotional studies. Besides, nonmedical gifts that are given by pharmaceutical representatives may be the most applied procedure as a promotion. In most of the studies, the importance of the effect from these relations with the drug

companies have been well proven (5, 6). Physicians, pharmacists, drug companies, community and government are all interested to participate in this broad spectrum of promotional activities. The cost of the promotional studies by the pharmaceutical institutions may result in an increase of 15% in drug expenditures. In some studies, this increase in the expenditures are determined to reach up to 20-30% (3,7). Procedures of the drug companies can be classified as following;

1- Directly

a- Studies for drug introduction and information.

b- Gifts for reminding the products that are prepared for the physicians and the pharmacists.

c- Gifts that are given to some special physicians and pharmacists who accepted a marketing quota.

2- Indirectly:

To organize different meetings, congresses and to support the financial admittance of the physicians to national and international meetings (3).

All of these promotional procedures that are used by the pharmaceutical industry are nowadays being investigated by different points of view. The usefulness of the promotions, and effects of these promotions on the rational usage of the drugs, how the physicians are affected by these studies and ethical problems are being discussed (1,2,4,8,9,10).

In determining the ethical problems that are arising during the pharmaceutical representatives' encounters, generally gifts that are given to physicians and other promotional procedures are considered and the ethical spectrum of this subject is investigated. There are some principles that are published by World Health Organization and The International Federation of Pharmaceutical Manufacturers Associations (2, 4, 8, 9, 11, 12, 13, 14, 15). Ethical principles on the relations of physicians and pharmaceutical industry which are grouped in 10 articles were published first by the Ankara Medical Association's Ethical Committee in Turkey (16).

On the basis of these studies, our study planned to determine and discuss the ethical problems that the physicians encounter in the relations with pharmaceutical representatives.

MATERIALS AND METHODS

This descriptive type of study was planned to include the physicians in formal institutions and was organised between January and March 1999. Physicians who were voluntarily included in the study were selected in a randomized manner and the specialists on clinical sciences were included in the study because of the study's aim. The frequency and the duration of encounters and the relation of the physicians with the pharmaceutical representatives were reviewed by open and blinded ended questions in the questionnaires. The questions of the questionnaire consisted of the ethical dimension of the pharmaceutical representatives relations with physicians and the problems originating from these relations. The demographic data about the physicians age, sex, working institutions and specialty were also obtained. First, the questionnaire was given to a group of physicians as a trial and after the correction of the errors that occurred within this trial, the study questionnaire was distributed to all participating physicians. Study data from 229 physicians were reviewed statistically by a computer SPSS programme.

RESULTS

The demographic data of the physicians are shown in Table 1. Sixty five of two hundred and twenty nine physicians of the study were female and the remaining one hundred and sixtyfour were male. When the physicians were divided into groups according to ages; twenty eight of them were below 30 years old, one hundred and twenty one were between 30-39 years old, thirty five were 40-49 years old, eighteen were more than 50 years old, and age was not determined in twenty seven physicians. Maximum age was 60, minimum was 25 and the median age was found to be 36.31 ± 7.57 .

Twenty eight of physicians who participated in the study were academical personnel, 82 were specialists, 43 were residents and 76 were general practitioners. Among the study physicians, 79 were working in community hospitals, 76 in university hospitals, 41 were in primary care institutions and 33 were in social security hospitals. Among the study physicians whose clinical practices were determined, seventy one were from surgical departments and seventy three from internal medicine departments. Physicians from pediatrics, gynecology and obstetrics, and internal medicine were the leading groups.

They wer in practice since a minimum of three months and a maximum of 32 years. Median occupational time was 11.61 ± 6.77 years. Occupational duration of 51 (22.3%) physicians was lower than five years, between 6-10 years 78

(34.1%) of them and 97 (42.4%) physicians were working for more than ten years.

The answers to the question of how many encounters did you have in a week determined that nine physicians (3.9%) had no encounters, 92 physicians (40.2%) were visited between 1-4 times, 60 physicians (26.2%) were visited between 5-9 times, 50 physicians (21.8%) were visited ten times or more, and 18 of them gave no answer. Maximum encounter number in a week was 30. The relation between the occupational status of the physicians and the number of encounters in a week is shown in Table 2.

As shown in Table 2, the number of physicians who were visited more than five times in a week were higher in the specialist and general practitioner group.

Table 3 shows that more than ten encounters in a week were mostly occurring in the primary care units and 61.0% of the physicians working in primary care units were visited by pharmaceutical representatives ten or more than ten times in a week.

When the physicians were asked that if they were pleased about the pharmaceutical representatives working manners, 15 physicians (6.6%) answered as never, 83 physicians (36.2%) answered as sometimes, 58 physicians (25.3%) answered as not frequently, 57 physicians (24.9%) answered as frequently, 13 physicians (5.7%) answered as everytime and three physicians (1.3%) gave no answer.

The question about the duration of pharmaceutical representatives visits determined that visits were 1-5 minutes for 98 physicians (42.8%), 6-10 minutes for 102 physicians (44.5%), more than ten minutes for 25 physicians (10.9%) and the question was not answered by four physicians (1.7%).

The physicians ideas about the ethical problems were reviewed according to the answers if there were any problems originating from the pharmaceutical representatives visits. Although 186 physicians (81.2%) were believing in the presence of ethical problems, 43 out of 229 answered the contrary. When the answers of this question was compared to the physicians working institutions, age and duration of occupational life, the difference was not found to be statistically significant. The relation between the physicians status and the decisions about the ethical problems is shown in Table 4.

As shown in Table 4, the presence of ethical problems were

indicated mostly in academical personnel in contrast to the specialist group.

The frequency of ethical problems that were indicated by 186 physicians was reported as follows; 28 (15.1%) answered as very few, 52 physicians (28.0%) as few, 57 physicians (30.6%) as medium, 24 physicians (12.9%) as much, 15 physicians (8.1%) as very much and ten out of 186 physicians (5.4%) unanswered.

The question about the origin of these ethical problems revealed the following; pharmaceutical institutions (122 physicians-65.6%), pharmaceutical representatives (95 physicians-51.1%), occupational structure (77 physicians-41.4%), hospitals (24 physicians-12.9%), physicians (23 physicians-12.4%) and other factors (15 physicians-8.1%). (This question could be answered more than once.)

One hundred and three (55.4%) out of 186 physicians who agreed with the presence of ethical problems believed that these problems could be solved, otherwise 72 (38.7%) of 186 physicians indicated that there were no solutions to such problems. The question was not answered by 11 physicians (5.9%).

The question about the additive effect of the pharmaceutical representatives encounters on their occupation was answered by 70 physicians (30.6%) positively, 32 physicians (13.9%) negatively and 124 physicians (54.2%) partially. Three physicians (1.3%) did not answer.

When the acceptance of the physicians about gifts and other promotions in addition to the medical products was asked, 29 physicians (12.7%) answered as positively, 100 physicians (43.7%) answered as negatively and 96 physicians (41.9%) answered as partially. Four physicians (1.7%) did not answer.

The question of what did you think about financing either the admittance fee for scientific meetings and the periodicals subscriptions by the pharmaceutical companies was answered as following; 17 physicians (7.4%) never accepted, 22 physicians (9.6%) believed that this was a duty of pharmaceutical companies, 121 physicians (52.8%) thought that this could be acceptable because of the physicians financial problems, 57 physicians (24.9%) determined that there were no disadvantages of this, eight physicians (3.5%) thought that there could be other factors and four physicians (1.7%) did not answer the question.

When the type of the present ethical problems are reviewed according to the answers of the physicians, these ethical problems could be discussed in 17 groups. These groups of ethical problems and frequency are shown in Table 5.

DISCUSSION

According to our results of this study, 48% of the physicians are visited at least once in a day by pharmaceutical representatives. The cause of the determination of the highest encounter numbers in specialist and general practitioner group has to be originated from these groups higher prescription numbers. The relationship between the encounter number of the pharmaceutical representatives and the number of the prescriptions is also shown by other studies. Our study results are not similar to a study published by Semin et al. because of our hospital’s new developing structure and the lower prescription numbers (3). Besides this, academical personnel and the residents timing problems may be other factors.

In our study, the physicians indicated that they are not frequently pleased by the pharmaceutical representatives working manners and this could be the reflection of the problems originating from the relations between the physicians and the pharmaceutical representatives. Even so as 81.2% of the physicians had been accepting the ethical problems that derived from these encounters. Most of the physicians thought that these problems generally originated from the drug companies. It is positive to see that more than half of the physicians believe that these problems can be solved.

The promotional products given by pharmaceutical representatives were completely accepted by a small group of physicians (13.9%), some hesitations and discomforts among physicians occurred. Besides this, financing of either, admittance fees for scientific meetings and the periodicals subscriptions by the pharmaceutical companies were rejected by only 7.4% of the physicians. This would indicate moderate support of the physicians for such educational activities and probably financing by drug companies for educational purpose would not be thought to be a promotion. This kind of approach is also shown in some studies from other countries (2, 4). Especially non educational gifts and discomforts originating from such gifts are discussed ethically as a different subject. In a study by Chren and et al., non ethical risks of gifts given by pharmaceutical industry are shown as; cost of these gifts may be reflected to prescription to patients, acceptance of such gifts by

physicians may damage the understanding of medicine, and most important the occult obligations that are originated from this relationship.

In the same study, the ethical results of these gift relations were shown as;

Some procedures may be thought to be unjustness for patients as their currency are used for the advantage of physicians and pharmaceutical industry without their knowledges and permissions.

In all the clinical decisions such as drug selection, physicians have the role of being a representative of patients or the trustable person who has to consider the advantages of patients and obligations that are derived from this non medical approaches may damage the physician-patient relationship.

These gifts relations may be effective on the physicians character by destroying the delicate balance between the physicians’ profits and their renunciations (4).

Our study found 17 different ethical problems (see table 5). Some medical associations like Royal College of Physicians in England, Accrediation Council for Continuing Medical Education in USA, American Medical Association apply some principle decisions that regulate the relations between their members and the pharmaceutical representatives (1, 4, 6). The first important study on this subject we determined in our country is the ethical principles on the relations of physicians and pharmaceutical industry that was published by Ankara Medical Association (16). The combination of similar studies and results that are derived from these studies would be a progression to improve the ethical problems that are shown in our study.

Figure 1

Table 1. The demographic data of the physicians (ages and sex)

Age	below 30	30-39	40-49	50 and more	Not determined	TOTAL
Male	14 (8.5%)	80 (48.8%)	30 (18.3%)	18 (11.0%)	22 (13.4%)	164
Female	14 (21.5%)	41 (63.1%)	5 (7.7%)	5 (7.7%)	-	65
TOTAL	28 (12.2%)	121 (52.8%)	35 (15.3%)	18 (7.9%)	27 (11.8%)	229

Figure 2

Table 2. The relation between the occupational status and the number of encounters

STATUS	NUMBER OF ENCOUNTERS (IN A WEEK)				TOTAL
	0	1-4	5-9	10 and more	
Academical personnel	4 (%14.3)	20 (%71.4)	3 (%10.7)	1 (%3.6)	28 (%13.3)
General practitioner	3 (%4.3)	19 (%27.1)	19 (%27.1)	29 (%41.4)	70 (%33.2)
Specialist	1 (%1.4)	24 (%34.3)	27 (%38.6)	15 (%25.7)	70 (%33.2)
Resident	1 (%2.3)	29 (%67.4)	11 (%25.6)	2 (%4.7)	43 (%20.4)
TOTAL	9 (%4.3)	92 (%43.6)	60 (%28.4)	50 (%23.7)	211

Figure 3

Table 3. The relation between the working institutions and the number of encounters

INSTITUTIONS	NUMBER OF ENCOUNTERS (IN A WEEK)				TOPLAM
	0	1-4	5-9	10 and more	
Community hospital	1(%1.5)	22(%33.3)	32(%48.5)	11(%16.7)	66(%31.3)
University hospital	5(%6.6)	53(%69.7)	15(%19.7)	3(%3.9)	76(%36.0)
Primary care institution	3(%7.3)	9(%22.0)	4(%9.8)	25(%61.0)	41(%17.4)
Social security hospital	0	8(%28.6)	9(%32.1)	11(%39.3)	28(%13.3)
TOTAL	9(%4.3)	92(%43.6)	60(%28.4)	50(%23.7)	211

Figure 4

Table 4. The relation between the physicians' status and the decisions about the ethical problems' existence

	DECISIONS ABOUT THE EXISTENCE OF PROBLEMS		TOTAL
	YES (existent)	NO (nonexistent)	
Academical personnel	25 (%89.3)	3 (%10.7)	28 (%12.2)
General practitioner	65 (%85.5)	11 (%14.5)	76 (%33.2)
Specialist	60 (%73.2)	22 (%26.8)	82 (%35.8)
Resident	36 (%83.7)	7 (%16.3)	43 (%18.8)
TOTAL	186 (%81.2)	43 (%18.8)	229

SD=6 ?2=10.03 p=0.12 (p>0.05)

{image:5}

* Physicians declared to this question more than one answer.

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