

A Filipino Doctor's Entanglement with the Pharmaceutical Industry

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A conflict of interest occurs in a situation in which professional judgment regarding a primary interest, such as research, education and patient care may be unduly influenced by a secondary interest such as financial gain or personal prestige. Conflicts of interest exist in every walk of life including medicine and science. There is nothing inherently unethical in finding oneself in a conflict of interest. Rather, the key questions are whether one recognizes the conflict and how one deals with it¹

In 2007, Dr. Joseph V. Simone wrote about the rise and fall of trust in the medical profession. He explained the "deprofessionalization" of medicine as the loss of both its autonomy and authority. He further described it more as a trade than a profession, for which he offered several explanation:²

1. Doubts about professional efficacy. Increasing public awareness of errors in medical judgment, widespread variation in the prevalence of procedures and unfulfilled promises of over-hyped treatments
2. Rise of countervailing authority. The authority over medical care that was largely vested in the medical profession has been challenged by the greater role of government, employers and insurance plans. There is also the empowerment of the individual consumers/patients with the advent of the internet, patient advocacy groups, etc. In addition, business leaders are becoming highly critical of the medical profession, portraying doctors as the culprits of healthcare costs.
3. Violation of professional boundaries whereby medical profession has been weakened by overly political activities such as opposition to regulatory policies, healthcare insurance, etc. Thus, patients begin to view the medical profession as a whole as greedy and heartless.
4. Questions about professional agency as evidenced by the growth of commercial relationships of physicians with the pharmaceutical and medical instrument companies.

Among those mentioned as reasons for the "deprofessionalization" of medicine, the growth of commercial relationships of physicians with the pharmaceutical and medical instrument companies seems to be the most evident in terms of public perception. This is also one that as healthcare professionals, we have the ability to control and minimize.

Pharmaceutical marketing practices raise some significant ethical issues particularly those that involve interactions with the healthcare professionals, patient engagement activities and direct-to-consumer promotions. This dilemma is acknowledged by the industry in recent years and has led to the development of stringent ethics and compliance programs within companies, pharmaceutical industry federations as well as international Codes of Practices like the Mexico City and Kuala Lumpur Principles. In the Philippines, the issue was regarded as serious as to warrant an Administrative Order from the Department of Health creating its own guidelines on the promotion and marketing of prescription products and medical devices.

Ever since the DOH Administrative Order 2015-0053 was signed in December 2015,³ pharmaceutical marketing activities were strictly regulated, however, full implementation and monitoring of compliance remain a problem for the Food and Drug Authority (FDA), the agency tasked with such functions. Thus, despite this guideline, sponsorship of healthcare professionals to congresses both local and foreign, giving of gifts and promotional aids (e.g. pens, notepads, bags, folders/binders, mouse pads, calendars etc.), medical instruments or devices (e.g. stethoscopes, sphygmomanometer, neurological hammer, penlights, etc.), sponsored meals unrelated to CMEs still continue.

Pharmaceutical companies who are members of either the Pharmaceutical and Healthcare Association of the Philippines (PHAP) or the Philippine Chamber of Pharmaceutical Industries (PCPI), both groups with their respective Codes of Practice, attempt to self-regulate and adhere to these guidelines as much as they could. However, there remain violators who simply refuse to follow.

Another major reason for violations could be attributed to the healthcare professionals' refusal to observe the new guidelines, claiming that the DOH AO applies only to the pharmaceutical industry and not to the medical profession. In a way that is correct, however, as physicians, we are the direct beneficiary of the activities of the pharmaceutical industry and thus our behavior would also affect adherence of our industry partners to these guidelines. Worse, in some instances, it is the physician who would request for such sponsorships.

Physicians have been so used to receiving gifts and requesting sponsorships from industry partners that they do not see anything wrong with it. Some claim that despite being sponsored to congresses or receiving free meals, gifts or promotional aids, their prescribing behavior is not in any way influenced. Studies, however, have shown otherwise. In a study conducted in 2016, it was shown that pharmaceutical industry-sponsored meals are associated with higher prescribing rates from physicians, and the more expensive the meals, the greater is the increase in prescription of brand name drugs. The study revealed that "physicians who received just one meal, were up to two times as likely to prescribe the promoted brand-name drugs as

physicians who received no meals. And doctors who were wined and dined on multiple occasions were three times as likely to do so.”⁴

Another possible explanation why these industry Codes are not adhered to is the role of culture. While culture is directly related to ethical behavior, different cultures have different rules of conduct and culture is difficult to define universally. Further, cultural values are influenced by parenting and socialization, education and religion. For example, among Filipinos, the trait called “utang na loob” or debt of gratitude can be observed. It is a principle where every service received, solicited or not, demands a return, the nature and proportion of the return is determined by the relative status of the parties involved and the kind of exchange at issue. The act becomes an obligation to repay a person from whom one has received a favor. So if a physician receives a free meal or gift from a pharmaceutical company, despite the former’s refusal to acknowledge that this has an affect, the culturally ingrained trait of “utang na loob” is demonstrated through prescribing the sponsor’s products. Though done in good faith and with the best intentions, under close public scrutiny, such reciprocal actions may cast doubt on the integrity of the medical profession.

The primary interest of a healthcare professional must be patient care and his prescribing behavior influenced only by the nature of the illness, efficacy and safety of drugs based on research. Filipino doctors must accept that the growing trend globally is independence from the pharmaceutical industry, total ban on gifts and promotional items and soon, on congresses or any type of sponsorships.

Care must always be exercised such that secondary interests, personal and material benefits will not compromise a physician’s independent judgment. And in this interaction between the industry and healthcare professionals, public scrutiny and perception play an important role. So even if an act is done in good faith, without any intention to malign the medical profession, if public perception is otherwise, then there is a problem. In this interaction, and at this point in time, optics is everything.

References

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