

Quest of Prescribing Practice in Pakistan

Madam, Irrational and poor quality prescribing practice has been well recognized in many studies in Pakistan. Treatment not related to diagnosis, poor knowledge of the medication recommended in guidelines for the management of common diseases, inappropriate doses and non specified duration on prescriptions have been reported in various reports in different cities of

Pakistan. Up to the extent that the prescribing practices of the consultants in Karachi, the home of eight medical colleges, are found to be non-rational.¹⁻⁴

Adequate resources are not widely available to all doctors to update their knowledge which is rapidly developing in the field of medicine. In the

era of specialization and super-specialization when majority of practitioners in Pakistan work as generalists in their field, it is difficult to keep pace with the advancement in each subspecialty. Those doctors who are privileged to have easy access to available resources, are very often so busy in work, that they hardly find enough time to use these facilities. Question remains as what means majority of doctors' use to continue medical education (CME)?

The information provided about the new medicines or equipment by the manufacturing industry is very often the primary source of information for many doctors. Very often many doctors rely on the knowledge provided by the medical representative of a pharmaceutical industry or attend CME related activities funded by the commercial companies and seldom refer to their own sources or to the national formulary.

The physician-industry interaction appears to affect prescribing and professional behaviour.⁵ Drug company-sponsored continuing medical educations (CME) preferentially very often highlight the sponsor's drug(s) compared with other CME programs. Attending sponsored CME events and accepting funding for travel or lodging for educational symposia is associated with increased prescription rates of the sponsor's medication^{5,6} as about 88% medications are prescribed by their brand names in Pakistan.¹

Social health factors, economic issues, availability of resources, good quality training opportunities and personal and professional

development of doctors are issues among many others to consider before relationship between pharmaceutical industry and health care professionals is questioned.

The ethical and moral duties apply to both sides being professional in their fields. Educational, managerial and regulatory intervention to rationalize the prescribing practice is the duty of government authorities and professional bodies. The prime importance is the safety of an ill person which should not be compromised for the sake of personal or industrial growth.

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References

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