

Physician's prescription and pharmaceutical industry's influence - where have the ethics gone?

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Abstract

The relationship between physicians and the pharmaceutical industry has evolved significantly over the years, raising concerns about ethical practices in medical prescribing. This article explores the multifaceted influence of pharmaceutical companies on physician behaviour, highlighting how marketing strategies, financial incentives, and promotional activities can compromise the integrity of clinical decision-making. Through a comprehensive review of the literature, the article examines the implications of inculcating ethics in undergraduate medical programmes, so future healthcare professionals understand the importance of making evidence-based decisions. Furthermore, this article calls for a critical evaluation of existing regulatory frameworks and advocates for stronger ethical guidelines to ensure that physician prescriptions are based solely on patient needs rather than external pressures from the pharmaceutical industry. Ultimately, it emphasizes the importance of restoring ethical standards in medicine to safeguard patient welfare and maintain the sanctity of the physician-patient relationship.

Keywords: Physician's prescription, pharmaceutical industry, Ethics.

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Introduction

Ethical prescribing refers to the practice of prescribing medications or treatments in a manner that prioritizes the well-being of patients while adhering to professional and moral standards. It involves making decisions that are evidence-based and prioritize the needs and preferences of patients, while minimizing potential harms or risks associated with the prescribed treatment. One aspect of ethical prescribing involves being mindful of potential conflicts of interest. Conflict of interest arises when a healthcare professional's personal or financial interests may influence their clinical decision-making process,

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leading to decisions that may not be in the best interest of patients.

Recently, the Federal Ministry of Health has imposed a ban on foreign travel for recreation and leisure activities financed by pharmaceutical companies and donors.¹ Furthermore, leave for government doctors to attend seminars and conferences overseas has also been disallowed by the government. This move may prove beneficial in curbing unethical practices across the nation. Even though this ban only applies to doctors working in federal health departments right now, it appears to be the correct move in upholding ethical standards. The reasons for imposing a foreign travel ban and restricting pharmaceutical sponsorships for work travel are well evidenced. A study in a university hospital explored the influences of pharmaceutical industries in the trends of prescribing medicines among doctors. It highlighted that a majority of doctors, i.e. 85.7% thought that the primary focus of interest of pharmaceutical companies was the sale of their products rather than the benefit of the patients. However, 68.5% thought that there was no harm in receiving gifts and considered them useful. It concluded that the results obtained could be attributed to an absence of training in bioethics among healthcare providers.²

Ethics in the Medical Curriculum

Evidence has also been reported globally where interactions between physicians and pharmaceutical representatives have been shown to have an influential outcome on the prescribing habits of physicians. This mostly stems from the fact that there is a lack of awareness in the health fraternity regarding the consequences of such actions.³ This lack of awareness and training highlights the importance of embedding ethics in the medical curriculum at every step. Medical doctors and students need to understand the implications of their actions. Unnecessary prescription of medicines may lead to adverse effects, including increased risks of side effects, drug interactions, and potential harm to the patients. It may also contribute to antibiotic resistance, unnecessary healthcare costs, and the compromise of the overall effectiveness of medical treatment.⁴

There seems to be widespread support for further medical ethics training from medical students. A descriptive survey was conducted among medical undergraduates of a government and private medical college in Karachi. It revealed that even though 85% of them regarded knowledge of medical ethics as important, 36.3% had acquired this knowledge from different workshops.⁵ A similar study in Lahore also concluded that an overwhelming majority, i.e. 93% of medical undergraduates were of the view that teaching medical ethics should be included in the undergraduate medical curriculum.⁶ The need for incorporating medical ethics across the five years of study has also been documented in a recent article. It suggested that an effective bioethics curriculum for undergraduate medical education should run longitudinally across the five-year curriculum and should be integrated with the modules and clerkships.⁷

Ethics associated with Pharmaceutical Industries

Aside from the need for further medical ethics education, potential conflicts of interest to date remain an ethical challenge especially when healthcare providers maintain close ties with pharmaceutical industries. The acceptance of gifts, sponsorships, or participation in industry-funded events raises questions about the impartiality of medical professionals in prescribing medications. The blurred line between genuine medical advancements and marketing strategies can erode public trust and compromise the fundamental principle of prioritizing patient well-being.

Furthermore, the influence of pharmaceutical companies extends beyond individual physicians to impact medical education and research. Industry-funded studies may be perceived as having biased results, and the publication bias for favourable outcomes can skew the evidence available to healthcare practitioners.⁸ This raises concerns about the reliability of information upon which healthcare providers base their prescription decisions, potentially compromising patient safety and effective healthcare delivery.

As the pharmaceutical industry invests heavily in marketing and promotion, the question arises: where have the ethics gone in this exchange between medical professionals and drug manufacturers? The core tenet of medical ethics is the primacy of patient welfare, and any external influence that undermines this principle requires scrutiny. Physicians, as stewards of public health, must navigate the delicate balance between staying informed about medical advancements and maintaining independence from undue industry influence.

To address these ethical concerns, stakeholders within

the healthcare system must actively engage in promoting transparency and accountability. Clear guidelines regarding interactions between physicians and pharmaceutical companies, as well as disclosure requirements, can help mitigate potential conflicts of interest.⁹ Medical educations should emphasize critical appraisal skills, enabling healthcare professionals to evaluate research independently and make evidence-based decisions that prioritize patient outcomes.

Conclusion

The intertwining of physician's prescriptions and the influence of the pharmaceutical industry necessitates a critical examination of ethical practices within healthcare. While collaborations between physicians and drug manufacturers can lead to advancements, vigilance is required to ensure that patient welfare remains the primary focus. By promoting transparency, accountability, and a culture of ethical decision-making, the healthcare community can strive to uphold the highest standards of integrity in prescription practices.

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