

Commentary on prescribing ethics and conflict of interest

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The medical profession is inherently built on the pillars of trust, integrity and ethical conduct. Patients entrust their health, and often their lives, to medical practitioners, expecting that the care they receive is solely guided by the patient's best interest. However, with the complexities of modern healthcare, these ethical standards are increasingly difficult to maintain. Conflict of interest in healthcare arises when the professional judgment of a healthcare provider is compromised such that they are at risk of not acting in the best interest of the patient because of the potential for personal gain.¹⁻³ The theme of this supplement issue being conflict of interest (COI) affecting medical practice is a challenge particularly in the settings where regulatory systems are under-resourced. Conflict of interest in health care provision not only occurs in physicians, but also among pharmacists and laboratory workforce. The healthcare provider-patient relationship is one of trust and confidence that the healthcare provider will act to maximize better health outcomes for the patient; therefore, the challenge of conflict of interest and unethical medical practices need to be addressed improving the quality of care and maintain trust in health systems.²⁻³

This supplement seeks to address this challenge, by providing a comprehensive exploration of conflicts of interest affecting medical practice from multiple academic disciplines. The aim is to shed light on the prevalence, implications and management of conflicts of interest in healthcare through three original research papers⁴⁻⁶, a scoping review⁷, an opinion article⁸, a short communication⁹, a short report¹⁰, one special communication¹¹, and two editorials¹²⁻¹³. The studies lay out the grounds for the marketing practices⁶, lack of time and training among GPs for considering, ethical practices, socioeconomic impacts felt by the population, and damaging trust factor between doctors and patients^{2, 6}. The survey of 419 physicians in Karachi found a keen

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interest reported by GPs in acquiring training in ethical guidelines for prescribing practices considering their limitations.⁶ A qualitative analysis from the same research study showed that GPs recognized the significance of continuing medical education in relation to ethical medical practice, and indicated a lack of proper training programs, and a need for regular updates and refresher courses to benefit patients.⁶ The qualitative study identifies patients are becoming aware of incentive linked prescriptions they receive, along with associated adversities, as well as increasing engagements of physicians with the pharmaceutical industry.⁵

The research paper investigated the stakeholders' perspectives⁴ including physicians, patients, and health care and regulatory bodies' representatives found that the socioeconomic terrain exists emphasizing further on the development of antimicrobial resistance that also involves a global health perspective.⁵ The scoping review published in this supplement⁷ links themes from incentive linked practices, compromise patient safety through lack of appropriate training, excessive and unnecessary prescriptions, and recommending solutions in capacity building and regulations.

The opinion and short communication in this supplement illuminate issues related to governance, marketing practices, public awareness, irrational prescriptions, the role of the private healthcare sector, lack of patient representation on regulatory bodies, improving coverage of ethical issues in curricula in medical schools, and accountability mechanisms⁸⁻⁹. The way forward recommendation⁸ is to ensure regulatory mechanisms to maintain the ethical relationship of the community, pharmaceuticals and physicians. The short communication⁹ added the partial applicability of the ban on conference sponsorships on doctors in the public health care system but not in the private health care systems. The short report¹⁰ towards solutions demonstrated that a training program addressing antibiotic stewardship could be done with limited resources tackling irrational antibiotic prescriptions and unethical practices enhancing health professionals' knowledge showing the difference through pre and post tests¹⁰. The paper¹¹ takes forward the concept of curricula

for capacity development, also raised by other papers in this supplement, recognizing that existing curricular material on ethics fails to address the range of dilemmas faced by physicians, recommending a framework that encompasses influences on health care accessibility, profit driven pharmaceutical industry, and primary care physicians termed as gatekeepers of health outcomes.

Overall, a gap in training on ethical principles in medical schools is discussed by most articles, and a framework for medical curriculum according to local needs and keeping regulatory control is the way forward as suggested by experts in this issue. The editorial¹² discusses the healthcare market failure from an economic perspective, due to a relative lack of knowledge among patients compared to healthcare providers emphasizing educational, regulatory, economic and managerial interventions to address the challenge.

The violation of ethical principles is specified in the other editorial¹³ in a way that permits the providers to generate "supplier induced demand" that binds the patients to consume unnecessary tests or medications. As a result, increasing the patient demand for tests and medicines, healthcare providers prioritize the medical or test supplier's benefit over the patient's benefit, thereby disrupting ethical principles.

The idea for this supplement emerged during a research programme on pharmaceutical company incentives affecting physicians' prescribing decisions, which included qualitative investigations and a randomized controlled trial assessing the impact of emotional-educational content on shifting deal-making between doctors and pharmaceutical sales representatives^{2,14,15}. The research indicated that the issue of financial or social gain being prioritized over patient well-being is widespread. A study on this issue shows that patients are increasingly becoming aware of the personal interests of healthcare providers influencing their decisions; the lack of trust in doctor patient relationships may lead to the increasing tendencies to use quackery practices that also thrive on pharmaceutical industry influences and again compromises patient safety.¹⁶⁻¹⁷

This theme issue provides new evidence, and recommendations and raises important questions like, can exposing patients to unnecessary tests or medicines ever be justified? How can healthcare providers make sufficient income without compromising patient care? Based on the evidence in this supplement, some thoughtful initiatives could be piloted and assessed to accumulate further evidence. We would like to acknowledge the team members of this supplement and

the valuable contributions of the authors. This supplement is the first step where academic leaders and experts have collectively highlighted the role of conflict of interest in medical practice in compromising health care quality.

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