

## Addressing incentive-driven prescribing

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Market failures in health care<sup>1</sup> thrive on conflict of interest. Take the example of market failure due to “information discrepancy” between doctors and patients. This uneven knowledge is the basis for exploitation by the alliance between the health technology industry and medical profession an alliance fraught with conflict of interest. Patients pay the cost through their health and money.

Whereas market failures are well established and well-studied phenomenon in health economics and health care literature, there is a weak research base, including in Pakistan, for conflict of interest in health care despite its characterization as “an invisible force shaping health systems and policies”.<sup>2</sup> It “remain(s) a global issue that is neglected, underestimated, and overlooked by health policy makers and researchers”.

### Unhindered conflict of interest is a prelude to corruption in health care, and widely

The most pronounced demonstration of conflict of interest holding sway and thriving over a market failure is the corrupted influence of pharmaceutical industry on prescribing behaviour of doctors. A sugar-coated expression of these corrupted influences is “incentives”.

In a recent article by Mishal Khan et al<sup>3</sup> studying “Incentivisation practices and their influence on physicians’ prescriptions: A qualitative analysis of practice and policy in Pakistan”, the authors have demonstrated clearly by recording a plethora of financial, material, educational, recreational and familial incentives being offered to physicians by the companies to meet their sales targets. How this connivance between the health industry and medical profession adversely affects the interests of patients and health care systems is not very difficult to understand. The “symbiotic physician-pharma incentivization dynamics” undermine the very essence of the health care. Simply put, the already sick and ignorant are being exploited by a powerful nexus of industry and doctors. The authors also studied the global and national relevant polices and regulations and found that they were

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generally not being complied with and were inadequate in some cases.

Profit maximization is the ultimate objective of the pharmaceutical companies. For this, they set sales targets and pursue these via a field force of unethical and ruthless marketers and doctors. Mindful of their agency, the latter willingly play in the hands of the pharmaceutical companies. In a competitive mode with their peers these physicians raise demands for all kinds of “gifts” in return for prescribing pharmaceutical products regardless of whether the patients need them. Noor et al<sup>4</sup> have studied the socioecological factors linked with pharmaceutical incentive-driven prescribing in Pakistan and have listed four interlinked factors operating at different levels and how they collectively contribute to pharmaceutical incentivization: individual-level factors; inter-personal level factors; contextual factors; and policy level factors. All these causative factors impinge on health and well-being of the patients.

In an important follow-up work to the above, Noor et al<sup>5</sup> have undertaken an innovative study among 267 General Practitioners (GPs) in Karachi by sending them surrogate pharmaceutical sales representatives who offered them various incentives, including financial, in return for increasing prescribing of their products. The researchers found the majority of the GPs ever-ready not only to accept the incentives but were negotiating higher commissions (e.g. up to 35% in one case); asking for organizing family dinners; demanding air-conditioners; fixed retainership fee for prescribing medicines; renovation of their clinics – just to quote few examples.

### How to deal with the ever-growing issue, of incentive-driven prescribing?

The multiplicity of interlinked factors and their interplay resulting in this embroglio require a multiplicity of interventions at various levels. A single intervention rarely produces a sustainable change. A framework for improving medicine use has been proposed involving interventions at systems, providers and end-user’s level. Classic interventional approaches are classified into educational, regulatory, economic and managerial interventions.<sup>6</sup>

A key question, however, begs attention: what do you do when prescribers' irrational and unethical behaviour is not a result of lack of knowledge but a consequence of greed and how to control the unethical marketing practices by the pharmaceutical companies corrupting the prescribers. No amount of regulation and education can right the intentional wrongs. It is reflective of a moral crisis.

Indeed, educational, regulatory, economic and managerial interventions need to be mixed and sustainably delivered. Our medical education needs to take into account the real-life factors that affect the prescriber behaviour and train doctors to prepare them to effectively deal with these influences. Currently, there is no such training. Pakistan Medical Association need to play a constructive role to address these issues and so should the Pakistan Pharmaceutical Manufacturers' Association by promoting self-regulation by the companies. Health Care Commissions need to develop context specific appropriate regulations and effectively implement them. Universities, civil society and people themselves have to play a role and researchers have to continue to drill deeper into the causes and consequences of incentive-driven prescribing.

Notwithstanding all the above, prescribers themselves have to start saying no to the companies pushing

prescribers to prescribe unnecessarily by pushing money into their pockets. We need leaders and role models from within the medical profession and from within the industry to champion this cause.

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