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Pharmacists' and Doctors' Perception of Pharmaceutical Representative's Ethical Practices of Drug Promotion in Romania. A Comparative Study

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Abstract

The purpose of the study is to identify perception of doctors and pharmacists on drug promotion practices adopted by pharmaceutical representatives. Material and Methods: A total of 72 pharmacists and 65 doctors responded to a questionnaire about their perceptions on drug promotion practices by pharmaceutical representatives, both in relation to pharmacists and doctors in the relationship. Variables such as age, work environment (urban, rural), seniority, were considered. Of all pharmacists who responded to the questionnaire, a percentage of 47.8% say they have no information about the existence of an ethical code of the pharmaceutical company, and 52.1% believe that there is such a code. Pharmacists estimated that over 75% of pharmaceutical representatives promote clearly the products; the information provided is accurate, complete and balanced enough to compete. Meanwhile, the percent estimated by doctors is 73%. Informal gifts are more often offered to doctors, in both category's opinion. Conclusion: medical doctors have a more positive evaluation about pharmaceutical representative's attitude than pharmacists.

Keywords: *pharmacist, doctor, pharmaceutical representative, ethics.*

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1. Problem Statement

The promotion, prescription and dispensing are influenced by a number of factors that ultimately impact the health of the main beneficiaries of health services patients. The promotion (made by the medical representative), prescription (made by the doctor) and dispensing (the pharmacist's duty) must lead to the best solution for treating the patient. The perfect harmonization of the three parties should assure to the beneficiary the most comfortable solution: the proper medical treatment, the most efficient way to procure it, the best price to pay for it.

But the pharmaceutical industry is a business and pharmacy is a profession, so it is obvious that goals vary. Business interests must come far after patient well-being, regardless of whether a pharmacist's work is in a hospital or community drug store. In United States there are 800,000 sales reps in the U.S., which translates into one full time medical representative for every ten physicians. (Wright et al., 2003) Not surprisingly, their marketing tactics have had to be creative and aggressive because once a new drug product is developed, it must be marketed. The medical representative should promote the product in the patient's benefit and/or in the company's interest and this dilemma is not ended.

A lot of studies mentioned diverse tactics adopted by the pharmaceutical sale representative in order to obtain the wanted profit. The psychological profile of the seller, the doctor-pharmaceutical representative relationship or even patient's opinion regarding their collaboration was well developed over the decades. (Russel, 2009; Vitell et al., 1991)

Doctors' exposure to promotional campaigns leads to a rise in prescription rates (Spurling et al., 2009). With very rare exceptions, direct exposure to campaigns conducted by pharmaceutical companies results in: the frequent prescription of promoted medicine, price increase and a decrease in the quality of prescriptions. Many studies identify a risk in what concerns the quality of prescriptions per se, and raise a question about the veracity of drug prescriptions (Lexchin 1993, 1994).

2. Material and methods

From January to May 2015, 72 pharmacists and 65 doctors (a total of 137 subjects) answered a survey about the perception of

pharmaceutical representatives' professional ethics. Variables like subjects' gender and work environment (urban, rural) were taken into account. The items placed the following aspects under discussion:

1. the existence of an official ethical code for promoting medicine, belonging to the employing company
2. the perception of information provided by the pharmaceutical representative as balanced by comparison with the competition
3. the perception of the accuracy of the studies used by the pharmaceutical representative to support his promoted products
4. the pharmaceutical representative's ways of collaboration with the doctor (informal gifts, samples, sponsorships: sponsorships for doctors for the purpose of continuing medical education; sponsorships for institutions (hospital, clinic); other informal sponsorships; participations in clinical studies, market research and observational studies).
5. the pharmaceutical representative's ways of collaboration with the pharmacist: informal gifts, sponsorships for pharmacists for the purpose of continuing medical education, commercial offers (natural rebate, discount).

The objectives of the research are:

1. Qualitative analysis of doctors' and pharmacists' answers to the 5 items presented above.
2. Comparative analysis of the results obtained in the group of doctors and pharmacists, also taking into account the variables: subjects' gender and work environment.

The survey was submitted to 65 doctors (family doctors and hospital doctors) and 72 pharmacists (from urban or rural community pharmacies). The lot of doctors is aged from 27 to 63 (with an average age of 45.40 and a 9.68768 standard deviation), with 2-49 years of work experience in the medical field (the average =18 and the standard deviation =11.27161). 42.2% are men and 96.9% of all surveyed doctors work in an urban environment. The lot of pharmacists is aged from 24 to 68 (with an average age of 38 and a 10.57991 standard deviation), with 1-48 years of work experience in the pharmaceutical field (14.4265 ± 11.30489). 91.67% are women and 90.28% of all surveyed pharmacists work in pharmacies in an urban environment.

3. Results

A qualitative analysis of data obtained from the lot of doctors presents the following results:

1. In what concerns the existence of an official ethical code for promoting medicine of the pharmaceutical representative's employing company, 73.8% of all subjects who answered the survey consider that there is such a code, whereas 26.2% do not know.

2. The perception of the information provided by the pharmaceutical representative about promoted products is the following:

- accurate (minimum accuracy/maximum accuracy), average = 4.32793 (on a scale of 1 to 5). Of all those who answered, 1.6% chose value 1 (minimum accuracy), 0% value 2, 11.5% value 3, 37.7% value 4, 49.2% value 5 (maximum accuracy);
- comprehensive enough, with an average = 4.1967 (on a scale of 1 – incomplete to 5 – fully comprehensive): 1.6% chose value 1, 0% value 2, 19.7% value 3, 34.4% value 4 and 44.3% value 5;
- balanced by comparison with the competition, with an average = 3.9333 (on a scale of 1 – imbalance to 5 – maximum equidistance), 0% having chosen value 1, 6.7% value 2, 26.7% value 3, 33.3% value 4, 33.3% value 5.

3. Perception of the accuracy of experimental medical studies used by the pharmaceutical representative to support the promoted products: average = 88.4500% (evaluation on a scale of 0 to 100%)

4. The pharmaceutical representative uses the following ways of collaboration in his relationship with the doctor:

- informal gifts (flowers, chocolate, etc.) (average = 2.0000), with the following answers: never = 41.0%; rarely = 27.9%; often = 21.3%; always = 9.8%;
- samples (average = 2.3667), for which never = 20.0%; rarely = 38.3%; often = 26.7%; always = 15.0%;
- sponsorships (average = 2.2881), for which never = 22.0%; rarely = 33.9%; often = 37.3%; always = 6.8%.

Of these sponsorships:

- sponsorships for doctors, for the purpose of continuing medical education (average = 2.4262), for which never = 18.0%; rarely = 32.8%; often = 37.7%; always = 11.5%;

- sponsorships for institutions (hospital, clinic) (average = 2.0508), for which never = 42.4%; rarely = 18.6%; often = 30.5%; always = 8.5;
- other informal sponsorships (average = 2.0328), for which never = 36.1%; rarely = 27.9%; often = 32.8%; always = 3.3%;
- participations in clinical studies, market research and observational studies (average = 2.1167), for which never = 35.0%; rarely = 28.3%; often = 26.7%; always = 10.0%.

5. The pharmaceutical representative uses the following ways of collaboration in his relationship with the pharmacist:

- informal gifts (flowers, chocolate, etc.) (average = 2.0196), for which never = 35.3%; rarely = 33.3%; often = 25.5%; always = 5.9%;
- sponsorships for pharmacists, for the purpose of continuing medical education (average = 2.2353), for which never = 29.4%; rarely = 25.5%; often = 37.3%; always = 7.8%;
- commercial offers (natural rebate, discount) (average = 3.2745), for which never = 25.5%; rarely = 23.5%; often = 27.5%; always = 23.6%.

A qualitative analysis of data obtained from the lot of pharmacists presents the following results:

1. In what concerns the existence of an official ethical code for promoting medicine belonging to the pharmaceutical representative's employing company, 52.1% of all subjects who answered the survey consider that such a code exists, while 47.8% do not know.

- 2. The perception of the information provided by the pharmaceutical representative about promoted products is the following:
 - accurate (minimum accuracy/maximum accuracy), average = 3.8182 (on a scale of 1 to 5). Of all those who answered, 1.8% chose value 1 (minimum accuracy), 5.5% value 2, 18.2% value 3, 58.2% value 4 and 16.4% value 5 (maximum accuracy);
 - comprehensive enough, with an average = 3.5179 (on a scale of 1 – incomplete to 5 – fully comprehensive): 3.6% chose value 1, 1.8% value 2, 42.9% value 3, 42.9% value 4 and 8.9% value 5;
 - balanced by comparison with the competition, with an average = 3.3111 (on a scale of 1 – imbalance to 5 – maximum

equidistance), for which 8.9% chose value 1, 4.4% value 2, 46.7% value 3, 26.7% value 4, 13.3% value 5.

3. The perception of the accuracy of experimental medical studies used by the pharmaceutical representative to support the promoted products: average = 75.6780% (evaluation on a scale of 0 to 100%).

4. The pharmaceutical representative uses the following ways of collaboration, in his relationship with the doctor:

- informal gifts (flowers, chocolate, etc.) (average = 2.3103), with the following answers: never = 39.7%; rarely = 12.1%; often = 25.9%; always = 22.4%;
- samples (average = 2.9552), for which never = 9.0%; rarely = 22.4%; often = 32.8%; always = 35.8%;
- sponsorships (average = 2.6042), for which never = 16.7%; rarely = 29.2%; often = 31.2%; always = 22.9%. Of these sponsorships:
 - sponsorships for doctors, for the purpose of continuing medical education (average = 2.8793), for which never = 17.2%; rarely = 10.3%; often = 39.7%; always = 32.8%;
 - sponsorships for institutions (hospital, clinic) (average = 2.4151); for which never = 24.5%; rarely = 28.3%; often = 28.3%; always = 18.9%;
 - other informal sponsorships (average = 2.6364), for which never = 12.7%; rarely = 29.1%; often = 40.0%; always = 18.2%;
 - participations in clinical studies, market research and observational studies (average = 2.6552), for which never = 15.5%; rarely = 25.9%; often = 36.2%; always = 22.4%.

5. The pharmaceutical representative uses the following ways of collaboration in his relationship with the pharmacist:

- informal gifts (flowers, chocolate, etc.) (average = 2.5172), for which never = 32.8%; rarely = 15.5%; often = 19.0%; always = 32.8%;
- sponsorships for pharmacists, for the purpose of continuing medical education (average = 2.5312), for which never = 18.8%; rarely = 29.7%; often = 31.2%; always = 20.3%;
- commercial offers (natural rebate, discount) (average = 3.1846), for which never = 0%; rarely = 13.8%; often = 53.8%; always = 32.3%.

4. Comparative analysis and discussion

In order to compare the difference between result averages obtained by doctors and pharmacists in what concerns their perception of pharmaceutical representatives' professional ethics, we used the t test for independent samples.

Comparing the results depending on the environment (urban, rural), the results are represented in Table 1.

	item	category	mean	t	p
urban	RM2a	pharmacist	3,8333	-3,722	,000
		doctor	4,3966		
	RM2b	pharmacist	3,6042	-4,446	,000
		doctor	4,2414		
	RM2c	pharmacist	3,4474	-2,550	,012
		doctor	3,9649		
	RM3	pharmacist	76,0377	-4,270	,000
		doctor	89,0702		
	RM4b	pharmacist	2,9661	3,131	,002
		doctor	2,3860		
	RM4cc	pharmacist	2,6122	3,002	,003
		doctor	2,0690		
	RM4cd	pharmacist	2,5577	2,071	,041
		doctor	2,1579		
	RM5c	pharmacist	3,1552	3,508	,001
		doctor	2,5417		

Table 1. Comparing results depending on the variable environment (urban, rural)

The results by comparison obtained by doctors and pharmacists are referring to the following issues:

- The existence of an official ethical code for promoting medicine (item RM1), belonging to the employing company ($t=-3,661$, $p=.00$): Doctors ($M=4.3167$), to a greater extent than pharmacists ($M=2.4412$), consider that pharmaceutical

representatives have an official ethical code for promoting the medicine of their employing company.

- Perception of the information provided by the pharmaceutical representative as balanced by comparison with the competition (item RM2):
 - accurate ($t = -2,393$, $p = .018$). Doctors ($M = 4.2167$), to a greater extent than pharmacists ($M = 3.8333$), perceive the information provided by the pharmaceutical representative as being accurate
 - comprehensive enough ($t = -2,526$, $p = .013$). Doctors ($M = 3.9322$), to a greater extent than pharmacists ($M = 3.5091$), perceive the information provided by the pharmaceutical representative as being comprehensive enough
 - balanced by comparison with the competition ($t = -2,793$, $p = .00$). Doctors ($M = 4.1167$), to a greater extent than pharmacists ($M = 3.3182$), perceive the information provided by the pharmaceutical representative as balanced by comparison with the competition.
- Perception of the accuracy of the studies used by the pharmaceutical representative (item RM3) to support promoted products ($t = -4,339$; $p = .00$), doctors ($M = 88.5932$), to a greater extent than pharmacists ($M = 75.9483$), perceive that pharmaceutical representatives support promoted products by accurate studies.
- Ways of collaboration used by the pharmaceutical representative in his relationship with the doctor (item RM4):

Regarding the samples ($t = 3,305$, $p = .00$). Doctors ($M = 2.3729$), to a lesser extent than pharmacists ($M = 2.9545$), perceive that the pharmaceutical representative uses samples in his relationship with the doctor.

Regarding the sponsorships for doctors, for the purpose of continuing medical education ($t = 2,434$, $p = .01$) doctors ($M = 2.4500$), to a lesser extent than pharmacists ($M = 2.8947$), perceive that the pharmaceutical representative uses sponsorships for doctors for the purpose of continuing medical education, in his relationship with the doctor.

Referring to other informal sponsorships ($t = 3,347$, $p = .001$), doctors ($M = 2.0500$), to a lesser extent than pharmacists ($M = 2.6296$),

perceive that the pharmaceutical representative uses other informal sponsorships in his relationship with the doctor.

In what concerns the participations in clinical studies, market research and observational studies ($t= 2,742$, $p=.007$), doctors ($M=2.1356$), to a lesser extent than pharmacists ($M=2.6491$), perceive that the pharmaceutical representative uses sponsorships in the form of participations in clinical studies, market research and observational studies, in his relationship with the doctor.

5. Comparing the results to the item that is questioning about informal gifts (item RM5) (flowers, chocolate, etc.) ($t= 2,237$, $p=.02$) as ways of collaboration used by the pharmaceutical representative in his relationship with the pharmacist, doctors ($M=2.0400$), to a lesser extent than pharmacists ($M=2.5263$), perceive that the pharmaceutical representative uses other informal gifts in his relationship with the pharmacist

Regarding the commercial offers (natural rebate, discount) ($t= 3,985$, $p=.00$), doctors ($M=2.5200$), to a lesser extent than pharmacists ($M=3.1875$), perceive that the pharmaceutical representative uses commercial offers in his relationship with the pharmacist.

5. Conclusion

The pharmaceutical representative plays an important role on the drug market. The relationship with doctors and pharmacists seems to influence the selling of medicines. A better relationship is identify between doctor and pharmaceutical representative comparing to the relationship between pharmacist and pharmaceutical representative, even if pharmacists must be more interested in having a good business. Both categories are evaluating that doctors are more rewarded by the pharmaceutical representatives, being more frequently exposed to receive gifts and informal sponsorship from pharmaceutical representative and the collaboration is more supportive to the continuing education of doctors.

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