

DRUG PROMOTION

Prescribing rationally, not fashionably

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THIS is the title of a teaching module which aims to encourage young doctors to achieve greater educational benefit from their interaction with pharmaceutical representatives. It was initially created as a resource for the Family Medicine Programme (FMP) of the Royal Australian College of General Practitioners (RACGP). FMP trainees meet regularly in small groups with experienced clinical teachers in order to develop the skills required to become a competent general practitioner. This module fits within the "development of critical appraisal skills" section of the FMP post-graduate curriculum.

In Australia, as in other countries, much more money is spent on pharmaceutical promotion (an estimated US\$200 million per annum) than on independent education concerning rational drug use (about US\$2.0 million per annum). It is said that about 50% of the pharmaceutical industry promotional budget is spent on drug representatives. Many Australian GPs see three to four representatives a week. While a number of Australian centres are experimenting with "academic" detailers, industry drug representatives greatly outnumber the "academic" variety. Under these circumstances, it is important that doctors are aware of the potential conflict between the sales and educative roles of industry drug representatives. An Australian workshop on rational prescribing recommended that programmes "to immunize health workers against irrational marketing forces" should form part of Australian National Drug Policy¹. *Prescribing Rationally Not Fashionably* is an educational package designed to achieve this objective.

The programme consists of a short "trigger" video-tape and accompanying brochures. The video-tape is divided into two segments. The first segment role-plays the interaction between a pharmaceutical representative and a passive, uncritical, junior doctor. It also provides a variety of opinions about the

role of pharmaceutical representatives in continuing medical education. Viewers are then asked to stop the tape and have a group discussion about the pros and cons of drug representatives and the best way of gaining educational benefit from their visits. The second part of the tape provides some facts and figures about the influence of pharmaceutical promotion on physician prescribing behaviour. It then illustrates one technique for getting more educational value from drug representatives. The role-play is repeated, but this time the doctor takes a much more critical approach. The representative is specifically asked about contra-indications, adverse effects and cost of the drug being detailed; company material is checked against independent sources of drug information; review articles and the approved product data sheet are requested, while free samples and company hospitality are declined. Viewers can then discuss the practicality of this approach. Three brochures accompany the video: the first serves as an aide-memoire to the topics presented in the video, the second provides information on Australian therapeutic guidelines (a popular independent source of drug information) while the third introduces trainees to the Medical Lobby for Appropriate Marketing (MaLAM).

The educational module had a protracted gestation. The concept arose from an experienced FMP educator (FB) who visited trainees in their surgery to help improve their patient consultative skills. Many trainees also expressed frustration at their interaction with drug representatives. Some felt obliged to see all representatives who called, others had great difficulty in coping with sophisticated marketing strategies, for which they felt ill-prepared. FB observed and video-taped their interaction with drug representatives (following informed consent from both parties) and demonstrated and recorded her more critical approach. The scientific literature was reviewed, the video-tapes collected were analysed,



Scene from a training video which aims to help doctors make drug representatives' visits more worthwhile

and a draft script and accompanying written material were prepared and taped. A feed-back questionnaire was prepared and the prototype package was then sent to over 60 people and/or organizations for review (60% FMP trainees and 40% senior FMP educators, clinical pharmacologists, industry representatives, etc.). The latter included the Australian managing directors of several multinational pharmaceutical companies, the Australian Pharmaceutical Manufacturers' Association (APMA), the Australian Pharmaceutical Health and Rational Use of Medicines (PHARM) Committee and the Action Programme on Essential Drugs of the World Health Organization (WHO-DAP). Not surprisingly, opinion on the prototype package was polarised. For example, one question in the feed-back form asked respondents if they agreed or disagreed (on a five-point scale) with the statement, "the video-tape portrays real problems that may occur in doctor - drug representative interactions". While 84% of 56 doctors surveyed agreed with this statement, 50% of the four industry representatives surveyed disagreed. In the light of many helpful comments received, the prototype package was substantially modified.

Opinion on the final product remains varied. Several pharmaceutical companies still feel that the representative portrayed does not reflect the high standards that they believe their own staff achieve. Some experienced general practitioners are equally critical of the initial portrayal of the doctor.

Meanwhile, FMP educators find the package useful, Monash University Department of Community Medicine has incorporated the module into distance education Diploma/Masters in Family

Medicine and there have been many requests for copies from overseas. In collaboration with the Jawahar Institute for Postgraduate Medical Education and Research in Pondicherry, and with support from WHO-DAP, an Indian version of the package is expected to be launched in 1994. Back in Australia, the package has stimulated research into an appropriate methodology for evaluating the interaction of doctors and pharmaceutical representatives (acceptable to all parties) and discussions are proceeding between the industry and the PHARM committee about monitoring and quality control of this activity.

In short, the package has already "triggered" considerable debate and much useful activity. It has served to draw attention to the WHO Ethical Criteria for Pharmaceutical Promotion. We have no doubt that the package can be improved and we welcome suggestions as to how this might best be done. Copies can be obtained from: Department of Health Administration & Education, La Trobe University, Locked Bag 12, Carlton South, Victoria, 3053, Australia, fax: 613 285 5285. □

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because they 'help' doctors - a form of 'help' that in many countries appears to be culturally acceptable.

In the Philippines the pharmaceutical industry has been very successful in using cultural notions central to Filipino thought and society. By encouraging personal relationships to develop, favours, gifts become hard to refuse. The acceptance of a gift invokes a 'debt of gratitude' (*utang na loob*) in the receiver, ensuring that the debt will eventually be repaid and a harmonious relationship maintained. *Utang na loob* is a core social value in the Philippines⁸ and is the key to success in pharmaceutical marketing. For both medreps and their employers, and for doctors and their organizations, the present situation is considered to be of mutual benefit. Of course doctors are not naive. No one doubts the commercial interests of medreps and their employers, but good

medicine - it is believed - cannot exist without commerce. Since medreps mainly operate on the personal level and are perceived as 'friends' by the doctors, the relationship is viewed positively.

At present, most actors in the Philippines pharmaceutical marketing context have similar interests and perceptions of the role that medical representatives play. Strategies to focus education on more rational drug use and to promote the importance and availability of non-commercial sources of drug information will clearly not succeed unless cultural attitudes and values are also addressed. Educational campaigns will also need to be backed by effective government regulation of drug marketing to ensure that commercial interests are not permitted to outweigh ethical and public health criteria. The success of the present ban on samples under the infant formula code is evidence that such regulatory control is both possible and effective. □

* This article is based on research conducted in the Philippines by Dr AnneLoes van Staa, Medical Anthropology Unit, University of Amsterdam, The Netherlands.

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