

## DRUG PROMOTION

# A mutual bond: pharmaceutical representatives and doctors in the Philippines

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Pharmaceutical marketing through medical representatives has an immense impact on doctors' prescribing patterns. The importance of pharmaceutical representatives to drug promotion is clearly recognized by the industry, yet systematic research into their practices, especially in developing countries, is lacking. In research conducted in the Philippines into the relationship between doctors and pharmaceutical representatives an attempt was made to provide some answers to the question of why doctors are often vulnerable to pharmaceutical marketing. Economic motives only partly explain the interdependency of medical professionals and the pharmaceutical industry in the context of the Philippines. Another important determinant is the specific type of social interaction which takes place during a doctor-drug representative encounter. Pharmaceutical marketing in the Philippines is successful because it incorporates and builds on a number of core Filipino cultural values.

**E**NORMOUS sums of money are spent worldwide on pharmaceutical promotion, and the Philippines is no exception to this trend. According to the Drug Association of the Philippines direct promotional expenses were equivalent to 22% of income from drug sales in 1987<sup>1</sup>. Most of this is spent on promotion (drug detailing) to doctors. Many scientific studies have shown the impact of drug marketing on doctors' prescribing patterns<sup>2</sup>. The more reliant doctors are on commercial sources of information, the less appropriately they prescribe, even though they are often unaware of the influence of these sources<sup>3</sup>. Direct, face-to-face promotion through pharmaceutical representatives is particularly effective, hence the industry's vast expenditure on such marketing<sup>4</sup>.

In the Philippines, 68% of the average promotional budget is spent on representatives' salaries and travel expenses<sup>5</sup>. The remainder covers literature and documentation (14%), samples (9%) and scientific seminars (9%). These figures suggest that there is a much higher proportion of sales representatives to doctors in developing countries than in the West<sup>6</sup>. While in Britain there is approximately one drug representative for every 13 to 18 doctors, and in the USA 1:10, the ratio may be as high as 1:3 in Nepal, Brazil, several Central American countries and the Philippines.

### Researching drug detailing

Despite the large sums devoted to such marketing and the clear influence it exerts both on doctors' attitudes towards (new) drugs and their prescribing habits, very few researchers have systematically studied drug representatives. And most research which has been conducted is restricted to industrialised countries<sup>4</sup>. One explanation for this could be accessibility. Researching drug detailing is not easy. During the research in Manila it was very difficult to find any medical representative - known locally as medreps - who was willing to discuss professional activities. When approached representatives said that they were under company orders not to give interviews. But their reluctance could also be explained by the atmosphere of stiff competition in which they work. They are instructed not to give information to anyone except on the

names, received from medreps. This pattern of marketing appears generally accepted as the norm in the Philippines and tolerated by the authorities.

### Medreps in action

In the Philippines, medreps approach doctors in two ways: first, they see them before or after clinic hours in their private consultation rooms; this is the preferred situation. Second, they wait for the doctors to pass by their designated area in the hospital. When doctors enter this area, they are courted by a long queue of representatives but this 'coverage' only lasts a few seconds. In the past representatives were able to enter hospital wards freely at any time. With ever increasing numbers of medreps canvassing doctors, many hospitals realised that the situation had become out of hand and placed restrictions on their movements. To compensate and obtain access to the doctors outside the "regular" hours, medreps try to maintain good relations with staff nurses and doctors' secretaries by giving them gifts also.

In doctors' consulting rooms there is more opportunity for interaction and for what medreps call 'quality calls', although these seldom last more than a few minutes. During one hour over 20 medreps called on one consultant who received 52 free samples, a handful of glossy brochures promoting infant formulas (no samples here because the infant formula code prohibits their distribution), and several promotional items of these products (gimmicks). These included a tissueholder, three car-fresheners, a paediatric growth chart and a desk-set with pencil and pencil holder. The number of samples given per medrep varied from one to six. Vitamin preparations, anti-TB drugs, anti-asthma drugs and broad spectrum antibiotics were the most common. This abundant harvest was quite average according to one doctor who is visited at least three times a week by medreps.

Doctors' actual prescribing behaviour is closely monitored through checking prescriptions at local pharmacies. Medreps visit the pharmacies once a week and make an inventory of stocks and sales. Since representatives' quotas are measured by local pharmacy sales, it is in their interest to watch the product's movement closely. Again, much depends on the rapport a medrep has managed to establish with the pharmacists and their personnel. This is generally furthered by giving them samples, gimmicks and deals.

### A prepared script

The content of each medrep visit is carefully planned and controlled, as is the handing out of free samples and 'starter doses'. Medreps sometimes complain that they have "a spoonfeeding type of job" with no room for creativity. Observations of detailing encounters give the impression that many medreps merely repeat a prepared script. Not only are they well versed in listing (repeating a list of all benefits of the product), but they are also well prepared to meet any possible objections the doctor might have to their product. Information on side-

effects, contraindications or precautions is never volunteered by the Filipino medrep. This is often an explicit company strategy. Moreover, they generally have only a very limited knowledge of the pharmacological action, indications and contraindications of the drugs they are promoting. During their two to four month training period more emphasis is placed on learning the products they are to promote: generic names, brand names, different indications and dosages and, most importantly, the supposed benefits of the drugs. Thus as 'detailers' of drug information they are very poorly equipped. Fortunately for the medreps, doctors rarely ask them questions about the drugs they supply.

### Targeting the opinion leaders

Drug promotion planning starts with the identification of key target groups of doctors. Medreps must identify 'top doctors' in their area and target these for frequent visits. Important doctors are visited at least three to four times a week. Some may even receive daily visits.

Medreps also devote greater attention to doctors who have a large private practice. General practitioners in public health institutions, and those working in poor or rural areas, receive far less attention or favours. The deciding factor is whether or not the product is affordable to the patients served by the particular doctor. Representatives also concentrate their attention on consultants, who receive many special favours and benefits, as this group are the trendsetters in treatment. Residents are also targeted because they are seen to represent future growth. Medreps cultivate the goodwill by extending invitations to dinners and sponsored lectures or by offering small gifts.

### Getting personal

Where competition is stiff an effective way of attracting the attention of doctors is by what the medreps describe as 'getting personal' with them. The maxim of pharmaceutical marketing in the Philippines is "It is the singer, not the song". And where the drugs may be the same, it is the medrep who can make the difference. As one medrep put it: "The doctor-medrep relationship tends to be on the personal side. You have to make yourself available, make friends with them. Only then - if they remember you, if you have done that special thing for them - will they prescribe the product. The product is associated with the medrep. Only if they remember the medrep will they prescribe the drug."

A personal relationship can only develop through frequent visiting and medreps therefore call upon doctors as often as possible. 'Getting personal' also requires servicing the doctors' needs. Medreps commonly run errands, drive doctors to the clinic or airport, pick up their children from school, invite them to lunch, or even spend an evening with them bowling, swimming or accompanying them to a party. This service is generally reciprocated by an increase in prescriptions which helps the medrep reach his quota. Medreps can even be a status symbol since they are known to particularly cover top doctors.

### Medreps as friends

As Greenhalgh has noted in India<sup>7</sup>, company representatives are welcomed with great ceremony as friends and fellow professionals in an otherwise lonely subculture. To individual doctors, they appear as friends and not as crude salesmen or educators. They are seen as essential to good medical practice

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Samples and gifts left by a medrep

benefits of the drugs they promote. Even promotional literature is regarded as sensitive information not to be given away to competitors.

Eventually, through personal contacts it was possible to interview several medreps and observe them at work in doctors' offices. A large number of doctors, health activists and policy-makers were also interviewed about pharmaceutical marketing and the activities of medreps.

### The scale of promotion

The pharmaceutical industry, and its medreps, employ all means imaginable to convince Filipino doctors to prescribe their products<sup>8</sup>. Free samples, glossy brochures, prescription pads and gimmicks are standard 'gifts', although respondents indicated that the industry's generosity even extends to cash 'deals', plane tickets, shows, free lunches, all-expenses-paid conferences and research sponsorship. Departmental support can range from air conditioners to complete intensive care units and sponsored continued medical education. Personal services offered to medical professionals can include taxi or babysitting services. The list is endless. Doctors' offices are decorated with innumerable gifts and gimmicks, displaying prominent brand

