The pharmaceutical industry and the medical profession

Modern medical practice depends extensively on the use of drugs and it is the function of the drug industry to supply them. In a way, the two — the medical profession and the drug industry — may be considered partners in health care. However, they differ in their objectives and guiding principles.

Medical practice must be based on scientific principles. Thus, doctors have a duty to improve themselves through continued medical education (CME). At the same time, the medical profession is service-oriented: it puts the patient before self and works for the maximum benefit of the patient (loyalty or fidelity). Beneficence (doing good) or at least non-maleficience (doing no harm) and confidentiality are other guiding principles. The medical profession also engages in advocacy for patients: identifying their needs and working for reallocation of time, money and personnel to satisfy them. The movements against child labour, focussing attention on the problems of the girl child, and for promotion of breast feeding are some examples of advocacy by paediatricians.

Profit, not patients

The drug industry, on the other hand, is profit-oriented and aims at giving maximum benefit to share holders. The drug industry is not bothered about consumers/ patients— otherwise the market would not be flooded with irrational formulations. Confidentiality is maintained about the production and marketing strategies, and advocacy for justice is rarely considered.

The drug industry's profits continue to increase despite escalating financial constraints. In the US, it takes $9.4 million to develop a new drug and get it approved. The only way this can be compensated for is by aggressive promotion.

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Although there is some drug advertising in the lay media and although many drugs are sold unofficially over the counter, the majority of drug sales comes from doctors' prescriptions. An estimated 20 per cent of pharmaceutical companies' budgets is spent on marketing; of this money, 20 per cent is spent on training and maintaining medical representatives, 30 per cent for advertising in the scientific and lay media, and 50 per cent for special methods such as stalls at scientific meetings, sponsored dinner meetings for invited doctors, and the publication and distribution of books.

Unscrupulous acts

There can be no objection to the drug industry's making a reasonable profit. What is objectionable is profiteering by unscrupulous means:

- Product information given by medical representatives may be incomplete and scanty. Yet, for many practitioners they are the only source of information about drugs.
- Help for educational activities can be acceptable if it is without strings and the activity's organiser is the sole decider of every aspect of the programme: venue, topics, speakers, and so on. Donations should be made to the academic society, and the speaker's expenses should be reimbursed by the professional body, not by the drug company.
- Grants should be given to professional bodies and institutions and not to individuals. The professional body/institution and the research worker must be the decider of every step from project planning to report publication.
- Medical practitioners should be concerned about false advertisements in the lay media for products harmful to the health. The bans on advertisements of alcohol, infant milk substitutes and feeding bottles are examples of this concern. Drug companies advertise their products in scientific journals as well. It is very important to ensure that wrong messages are not given, and irrational products are not promoted, through advertisements in scientific journals.
- The drug industry persuades doctors to prescribe certain brands by giving gifts or providing 'hospitality'. At times, dinner and cocktail meetings have sponsored speakers. The money does not come from the shareholders' pockets. In our country, where 40 per cent of the people live below the poverty line, the gift relationship violates the ethical principles of fidelity and non-malficience. Drug manufacturers like LOCOST, who do not engage in unethical promotional activities, are able to provide quality drugs under generic names at half the current market price, sometimes even less.

Doctors claim that they are not influenced by 'gifts'. They forget that no profit-oriented business organisation would spend large sums of money unless there were good returns. The crippling effect of such sponsorship is evident when professional bodies feel convinced that even a one-day CME programme must be sponsored by the drug industry. They claim that delegates want comfort but apparently do not wish to pay for it even though they can certainly afford to so. So patients pay twice: once directly to the doctor and then indirectly through the drug industry.

During their medical education, doctors are never exposed to the socioeconomic aspects of health care. They lack conviction and fall easy prey to the principle: Incur debt and enjoy your life; there is no return after you are burnt to ashes. But we are *homo sapiens*. We must act with due consideration to others and not selfishly like animals.

It can be accepted that the drug industry also has a societal interest in having well-educated doctors with

improved skills but this should not be used as a excuse for brand promotion and for squeezing money from the poor.

Institutions like the Medical Council of India, the Indian Medical Association, the Indian Drug Manufacturers' Association, the Drug Controller of India and the judiciary should not only have suitable guidelines and laws but also monitor their application. They must have the power to enforce these rules. Unfortunately, they have neither nails to claw, nor teeth to bite, and not even a loud bark to warn.

Steps forward

The sky seems to be full of dark clouds but occasionally there is a silver lining. For example, some time around 1980, the general body of the Indian Academy of Paediatrics (IAP) took a donation for an oration made by an infant milk-substitute producer. In January 1997, the IAP resolved that "The IAP shall not accept the sponsorship in any form from any industry connected directly or indirectly with the products covered by the Infant Milk Substitutes, Feeding Bottles and Infant Food Act, 1992."

The current dependence of the medical profession on commercial sponsorship is a result of the failure of end-organ: the doctor. If doctors are convinced and committed to their ethical responsibility, they will not yield to the unscrupulous pressures of the industry. They must learn to say 'No' to gifts, subsidies and hospitality; to aid with strings attached; to brand promotion; and to prescribing irrational drugs and formulations.

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Based on the presentation made at the International Conference on Ethical Values in Health Care at Panchgani, January 2-4, 1998.

Neurosurgery and medical ethics

The Ninth Convention of Academia Eurasiana Neurochirurgica Houthem-St. Gerlach, The Netherlands July 29 - August 1, 1998.

The Academia Eurasiana Neurochirurgica was founded in 1985 by Professors H. W. Pia (Giessen, Germany) and Keiji Sano (Japan) to foster exchanges between European and Asian neurosurgeons. This year, the theme was medical ethics.

Oriental views on ethics

H. Handa (Japan) reviewed traditional ethical ideas on life and organ transplantation in Japan and explained the Japanese reluctance to embrace the concept of brain death. The belief that the soul resided in every part of the human body disallowed the removal and transplant of a body part. Why, then, do the Japanese accept transplants from live organ donors? "It is difficult to explain," said Dr. Handa. One senses that Japanese society is in the process of coming to terms with the concept. Dr. Tomasz Trojanowski (Poland) commented that Polish law presumes the donor's willingness; persons not willing to donate organs must register their objection on admission to hospital. While persmission for organ removal is sought from the families of brain-dead patients, the law does not require this consent.

Dr. Iftekhar Ali Raja (Pakistan) discussed Islam and medical ethics. Starting off with a quotation from Einstein ("Religion without science is lame; science without religion is blind."), among the issues Dr. Raja discussed was euthanasia. He quoted Prophet Mohammed's last address: all killing (except that prescribed by the courts as punishment for certain well-defined crimes) is prohibited. "There is no mercy in such killing," Dr Raja said.

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Dr Sunil Pandya (India) showed how the ancient Indian principles of medical ethics were at considerable variance with current realities. Dr. Fahlbusch (Germany) posed an ethical dilemma: what if a person dying ont the banks of the Ganges was found to have an eminently treatable illness like a blood clot? Would it be justified to enforce treatment on someone who had prepared to die and gain salvation?

Dr. A. Van Bommel, a convert to Islam who held the post of Imam, pointed out that the sanctity of life from the Muslim

Discussions on medical ethics often concentrate on dramatic issues such as euthanasia, neglecting the physician's positive duties: relieving pain, consoling and making the patient comfortable as the end approaches

perspective demands every effort at preserving life. The ventilator would not be switched off as long as the heart was still beating and was evidence of life. Dr. Harry Rappaport (Israel) said cessation of respiration is central to the Jewish diagnosis of death. The rabbinical criteria for death include cessation of respiration and the diagnosis of irreversible brainstem damage. The Jewish doctor may not shorten life in order to improve the quality of survival.

Dr. Graham Teasdale (Glasgow, Ireland) felt that the attempt to solve ethical dilemmas on the basis of traditional religious beliefs implied an excessive reliance on authority, and could be antithetical to a modern, scientific approach to ethics. An ideal distillate of traditional wisdom and modern concepts would be possible through cross-cultural dialogues .

Christian thought

The first session on Christian thought noted that physicians are expected to have compassion -- which different