

have admitted you." If the patient says the other doctor has his own small hospital and you are attached to a big hospital, then you may say, "He was thrown out of this hospital," or "He didn't get an attachment in this hospital," or "In small private nursing homes they do anything," or "Last week we admitted two of his cases."

This process does not stop in the consulting room. After admission, while taking rounds, you ask the staff (softly but loud enough for the patient to hear you), "Where is the patient admitted for complications from such and such doctor?" Or you ask the RMO, "Do you remember the other two similar patients? Now there is another gift for you..."

Sometimes our script goes to such an extent that when the patient has finished telling you everything, you say, "This is a textbook complication," or "Thank God you came here alive," or "You are very tolerant. Anyone else would have gone to the consumer court," or "Now, forget everything that he has done."

Such communication is bound to reflect poorly on the medical profession. If you want a better relationship between medical professionals, you should say:

"See, complications happen. That's why they are mentioned in our books."

"This could have happened even with me. Such complications are very common."

"Nobody wants to harm patients. He has not done anything with an intention to harm you."

"I will phone him personally and discuss your case so that I know exactly what was done and we can manage your case successfully."

"You should not think of going to court. You must concentrate on getting better fast."

"Thinking about courts will not help you in your recovery."

"Everyone responds differently."

"On occasion patients need many procedures for a single problem."

"If you like, you can take a second or third opinion."

"Everyone has good and bad experiences with any particular line of management."

Never let down another doctor, directly or indirectly, at public functions or in conferences.

Medical ethics is easy to follow only if you know how. Remember, the boomerang that you throw is bound to come back and hit you harder.

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PS: Unfortunately, all the anecdotes I recount here are based on my interactions with many doctors.

Don't use great people to sell your drug

There are various methods by which physicians can be influenced by pharmaceutical companies: through drug representatives, free lunches, industry-sponsored trips to exotic locations, gifts, research funds, free conference registration, consulting fees for participation as a guest speaker, financing publication of research articles, etc. Various studies conducted on the influence of these marketing strategies on physicians' drug prescribing behaviour suggest that physicians are influenced by these strategies (1).

One important method by which drug companies influence physicians' prescribing practices is by giving them their promotional literature. In India, medical representatives distribute such promotional literature to physicians during their visits. It is observed that information given in such literature is often incorrect and biased (2).

Sometimes the influence is more subtle. One example is drug promotional material for an atypical antipsychotic, brand name Amival (Amisulpride). On the front of the leaflet the drug's brand name is written in bold, below which the generic name is given in very small letters. This is followed by the indications for its use: "For the positive and negative of schizophrenia." "For the positive and" is written in black on a white background; "negative of schizophrenia" is written in white against a black background. The dosage, other therapeutic claims and references are also printed on the front.

On the back of the pamphlet there is a picture of the American civil rights leader Martin Luther King. Below his picture, his positive qualities are given: his 1963 march on Washington, his Nobel Peace Prize, and his efforts to end poverty and the Vietnam War. This is given in black against a white background. His suicide attempt at the age of 12, his irregular schooling and allegations that he plagiarised some of his academic work are mentioned, in white against a black background.

What message does the pharmaceutical company want to give physicians who read this pamphlet? Is the drug company trying to create an association between Dr King and the condition for which the drug is promoted?

I appeal to the company to withdraw this pamphlet. It is unethical to use a great person like Martin Luther King to sell drugs.

References

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