

PHARMEDOUT
URL: WWW.PHARMEDOUT.ORG

Dear Sir,

Pharmaceutical promotion is a fact of life for doctors and prescribers the world over. In the United States of America (USA), almost USD 21 billion was spent on promotion in 2002.⁽¹⁾ In many developing countries, medical representatives frequently serve as the only source of drug information.⁽¹⁾ In India, the huge number of products on the market makes selection of the right drug, and its correct use, increasingly difficult. Commercial drug information far outweighs independent and unbiased drug information.⁽²⁾ In Nepal, many rural areas may lack access to medicines, but Kathmandu and other cities are booming markets for pharmaceuticals.⁽³⁾ Aggressive promotion has a substantial impact on prescribing behaviour.⁽³⁾ In Singapore, drug companies spend about \$60 million a year—roughly 9% of sales—on promoting their products. As they are not allowed to advertise directly to consumers, they spend the money on educating doctors and providing free samples which are not meant for sale.⁽⁴⁾

Aggressive promotion has been shown to influence the prescribing behaviour of doctors. Mapes found that doctors relying on pharmaceutical-industry literature were more likely to prescribe three or more drugs which frequently cause adverse effects.⁽⁵⁾ It was found that family physicians who reported that they were relying less on sales representatives for information were likely to prescribe more generic medicines.⁽⁶⁾ Concerned by this influence, a number of initiatives have been started to counter inappropriate promotion. PharmeOut is an independent, publicly-funded project that empowers physicians to identify and counter inappropriate pharmaceutical promotion practices. The site (www.pharmedout.org) aims to promote the practice of evidence-based medicine (EBM). I think it seeks to achieve this objective by providing links to sites providing evidence-based information, as seen in the section on drug information and on drug risks. The site predominantly acts as a collator of information. The sites are, however, predominantly from the USA or the United Kingdom. The influence of the industry on prescribing and how it can be partially-counteracted is the main focus of the website. The site seeks to foster the practice of EBM by sensitising prescribers about possible bias in industry-sponsored information and highlighting the need to seek independent sources of information.

Other websites which address the issue of pharmaceutical promotion are, Healthy Skepticism (www.healthyskepticism.org); No Free Lunch (www.nofreelunch.org); Health Action International (HAI) (www.haiweb.org); Health Action International Asia Pacific (www.haiap.org); and Prescribing Evidence-based Therapies (www.perxinfo.org). The No Free Lunch site by general practitioners and others is an activist site, which aims to wean prescribers from dependency on the industry. HAI is an international non-governmental organisation (INGO), which works towards ensuring access of populations to medicines and affordable healthcare. Prescribing Evidence-based Therapies aims to detail the influence that pharmaceutical marketing can have on prescribing behaviours. In the range of material covered, this site (PharmedOut) shows similarities with Healthy Skepticism. Healthy Skepticism is an old organisation and has a library and a newsletter. PharmeOut is newer, and I would say, more market-friendly, with links to Youtube and may have more multimedia content. The website contains various sections like Pharma-Free CME, resources by topic, resources by type and teaching tools. The USA has a powerful pharmaceutical industry which has a substantial influence on prescribing behaviour. The Food and Drug Administration is the drug regulatory authority in the USA, while the National Institutes of Health is a group of federal government institutions which work towards promoting health and preventing diseases.

I will explain the influence of the industry on prescribers using two articles available on the site. An article from PLoS Medicine tells us about how drug representatives make friends and influence doctors. Physicians are categorised into various categories, and the drug representative tries to work out to which category a physician is likely to belong. The representatives and the company have a different tactic for each category.⁽⁷⁾ Personal friendship with the doctor is often exploited by the representative to push his/her products. Pharmaceutical representatives aggressively promote their products in Nepal⁽³⁾ and also in other South Asian countries. The keynote address by Tan at the Singapore Medical Association (SMA) ethics convention in 1997 had highlighted drug promotion, drug industry-sponsored research, industry-sponsored CME programmes and margins offered, while purchasing medicines for the office dispensary.⁽⁸⁾ Aggressive promotion may be a fact-of-life wherever there is a strong market for a product. Another article from the *Pharmaceutical Journal* describes an evidence-based approach for evaluating material from the pharmaceutical industry.⁽⁹⁾ The various approaches to evaluating industry information is described in a simple manner and the STEPS acronym for evaluating information is mentioned.

The industry is developing its own code of conduct for dealing with doctors and medical practitioners. The Association of British Pharmaceutical Industry (www.abpi.org.uk), Pharmaceutical Research and Manufacturers of

America (www.phrma.org), and the International Federation of Pharmaceutical Manufacturers (www.ifpma.org) have created their codes of conduct. The Singapore Association of Pharmaceutical Manufacturers (www.sapi.org.sg) has created its own code of conduct, spelling out the limits for entertaining doctors.⁽⁴⁾ The code of conduct is not strictly followed in many Asian countries and the information content of drug advertisements may vary across countries and across publications, depending partly on the National Drug Policy.

PharmedOut has published many reports in various journals. A few interesting ones are “Cervical cancer vaccines and industry influence”, “Doctors must not be lapdogs to drug firms”, “The dog ate my disclosure”, “Advertising in medical journals: should current practices change?” and “This may sting a bit: cutting CMEs’ ties to pharma”. The resources by topic give a comprehensive listing. The subsection, “Docs and pharma”, aims to promote a more appropriate relationship between doctors and the pharmaceutical industry. Links to websites of other organisations working in the field of drug promotion is useful. The section on “Your friendly drug rep” details the relationship between the drug representative and the doctor, and how to evaluate industry sources of drug information. The section, “Resources by type”, divides resources into reports, databases, articles, slide shows, subscribables, websites and other materials. Among the reports, two prominent ones are “Drug promotion: What we know, what we have yet to learn” and “Educational initiatives for medical and pharmacy students about drug promotion: an international cross-sectional survey”. Therapeutics Letter, Australian Prescriber, World Health Organization Essential Drugs Monitor are some of the subscribables covered. Teaching tools contain materials for educators. This section contains material like slides and exercises which educators can use to teach their students about drug promotion.

A problem may be that the website is basically tailored towards a US audience. Direct consumer advertising is not legal in Asia, but drug companies indirectly do promote their medicines to consumers. The sections on drug information and drug risks would be of interest to an Asian audience. The relationship between doctors and the pharmaceutical industry, though basically from a US perspective, contains lessons for Asia. The publications of HAI on drug promotion will be of interest to Asian doctors. The website has a section for feedback, but no information on the usefulness of the information to US prescribers is displayed on the site. The site has been reviewed on North American websites or networks; the Canadian Women’s Health Network and Honest Medicine are two of the sites, and their reviews on the whole were positive. The websites of certain academic institutions also mention the site, as the site will be very useful to doctors and doctors in training, and will help them to evaluate pharmaceutical promotion. The resources available will be useful for the practice of EBM by prescribers. The facility of RSS (rich site summary) feed will be considered very useful by the internet savvy.

The general appearance of the site is good and it is quite easy to navigate. However, the absence of a search facility on the site is a serious drawback. The absence of a site map or a tutorial on how to maximise the benefit to be obtained from the site is also felt. The videos and the slides take too long to open on a slow internet connection, which can be the case in many parts of Asia. Alternative methods of uploading the same material should also be considered. In Asia, we do not have sites which deal with the issue of pharmaceutical promotion, and the relationship between doctors and the drug industry. The nearest is the HAI Asia Pacific website (www.haiap.org). A website specific for an Asian context should be developed. With its strong technological and educational base, Singapore is ideally placed to take the lead in this endeavour. This site and the site ‘Healthy Skepticism’ can serve as useful templates. Despite the bias towards the USA, doctors in Asia will find much that is useful in this site. The site has collated material which will help doctors develop a more healthy relationship with the industry.

Yours sincerely,

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REFERENCES

1. Norris P, Herxheimer A, Lexchin J, Mansfield P. Drug promotion: what we know and what we have yet to learn. Geneva: World Health Organization and Health Action International, 2005.
2. Gopalakrishnan S, Murali R. India: Campaign to tackle unethical promotion. *Essent Drugs Monit* 2002; 31:22.
3. Giri BR, Shankar PR. Learning how drug companies promote medicines in Nepal. *PLoS Med* 2005; 2:e256.
4. Khalik S. Drug firms cut back on freebies for doctors. *The Straits Times* 2007 Aug 14. Available at: www.pss.org.sg/main/content/view/543/2/. Accessed August 23, 2007.
5. Mapes R. Aspects of British general practitioners' prescribing. *Medical Care* 1977; 15:371-81.
6. Bower AD, Burkett GL. Family physicians and generic drugs: a study of recognition, information sources, prescribing attitudes, and practices. *J Fam Pract* 1987; 24:612-6.
7. Fugh-Berman A, Ahari S. Following the script: how drug reps make friends and influence doctors. *PLoS Med* 2007; 4:e150.
8. Tan SY. Medicine and the pharmaceutical industry: What's right, what's wrong and what's to come. SMA Ethics Convention 1997. Available at: www.sma.org.sg/cmep/medical_ethics/MEA1B/1997_syta.html. Accessed August 23, 2007.
9. Pegler S, Underhill J. Evaluating promotional material from industry: an evidence-based approach. *Pharm J* 2005; 274:271-4.

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