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Addiction Research

How Pharmacists and Physicians Reach the Win/ Win

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ABSTRACT

Physicians & pharmacists are partners for a common goal; they are trying to highlight the best available evidence for pharmacological treatment of a certain disease. In this short paper, I'll concentrate on the marketing section of any pharmaceutical company which is the Drug Promotion (DP), and the importance of the medical representatives (Med Rep.) for the pharma co. when he/ she is dealing with the target physician; be very determined, I mean the situation while presenting the evidence that supports the pharmaceutical product.

Incomplete or exaggerated information in DP carry the potential of misleading the physicians especially junior ones& generalists and it may result in an irrational prescription, and on the other hand it affects on both short& long term the way an expert physician is dealing or looking to you.

In this short paper, I'm trying to reach a common ground of thinking between 2 different mind agendas: the physician & the Med rep.

Keywords
Medical Representative, Evidence, Common ground of thinking.

How many times you as a Medical Representative (Med. Rep.) get out of the physician's room not satisfied with his/ her way of thinking or while he or she is dealing or talking with you.

How many times, you as a physician dealing with the Med rep. while presenting his/ her paper (evidence), you think he/ she is just an exaggerator and trying to deceive you?

In his conference paper, Abdullah Rabiu highlighted that out of 235 Drug Promotional Literature (DPL) inside different Private & Public Hospital in Malaysia, none of them satisfy completely with WHO criteria 1988 [IMEC,2015, Malaysia]. Another observational study conducted on 2014 by Ganashree et al proved that majority of DPLs (out of 200 were evaluated against WHO criteria for rational drug promotion) satisfied only half of the WHO criteria and none fulfilled all the criteria [1].

Many other studies from many different countries (India, Iraq, Saudi Arabia, Arjentine, SriLanka…etc) proved mostly the same picture.

On the other aspect, in a cross-sectional study that investigate the perception of DPLs among 100 physicians in a big teaching hospital; about 80% of them felt that the accuracy of the DPL claims was between 50-75% & about 70% felt that, even the accurate claims are supported by poor evidence. Also, around 75% of the clinicians perceived the primary intention of drug promotional literature was to boost company sales, and they believed that training in interacting with medical representatives should be taught in medical colleges [2]. This study was performed on clinicians working in a teaching bi hospital, so we can imagine the situation of residents, GPs in Primary care centers, physicians in small hospitals, not to mention medical students. Yes, Medical Representative could be influenced by the pharmaceutical company & the pressure of achieving "the target" trying to convince the physician to prescribe their product, but for sure they are trying to tell the truth in a way that influence the physician mind (they

are not fibbers), also from the perspective of the physician, he/she wants the best out of each medicine without any fabrication or exaggeration.

If we want to resolve this sort of conflicting agendas, I prefer to go out of it, leading the talk from the unbiased part of the deal, which is the evidence itself (the research) and how to deal with it.

There are certain principles & values which may help:

Mutual Respect

- Physicians should not deal with medical Reps as traditional retailers who want to sell their product. He/she is your colleague coming from a solid scientific background and maybe more oriented with evidence terms than you, needless to mention the drug he/ she promotes.
- At the same time, I hope that the pharmacist is trying to convince the physician' mind scientifically and he or she must acknowledge & declare the limitation of whatever the evidence they present.

Awareness

- I am highly recommending for both the physician and the pharmacist to understand few Evidence-Based Medicine (EBM) concepts and terms especially those related to Therapy; such as conflicts of interest, randomization concealment, Intention to treat analysis, level of evidence, the confidence interval (CI), the ARR (absolute Risk reduction), the RRR (relative risk reduction)….. etc. & why not to attend workshops together & to hold debate sessions for the 2 points of view with & against the drug to reach a shared fair win/ win state.
- Physician should critically read the DPLs when they are presented to him/ her either as papers or presentations. N.B: This concept of EBM awareness & critical appraisal can be highlighted in separate article, especially the importance of study design, the study sample & the analysis of the data.
- The aim for the end user here (busy physician) is just to know how to interpret the important data (no calculation here) and how to look rapidly to the most crucial items in the presented paper to judge its usability.

N.B: This concept of EBM awareness & critical appraisal can be highlighted in separate article, especially the importance of study design, the study sample & the analysis of the data.

International agreement

- Both parties should abide with the international regulations for the drug promotion like WHO regulations (Ethical Criteria for Medical Drug Promotion, 1988) or the International Federation of Pharmaceutical Manufacturers and Associations (IFPMAs) guidelines, and not to violate these recommendations by any mean. I may even recommend a transparent short declaration statement to be distributed to each physician before contacting together.

Common Language

- Both the Med. Rep. & the physician should focus on clinically important outcomes; (including the clinical effects & side effects, the cost, the quality of life & the hospital stays…. etc.) rather than the surrogate ones as much as it can be.
- Specific indication of the medicine should be highlighted meticulously & no way to extrapolate beyond what evidence is offering.
- Talking more in terms of Absolute Risk Reduction (ARR) & Number Needed to be Treated (NNT) rather than the Relative one (RRR), and the Confidence Interval (CI) rather than P-value (more Clinical significance rather vocabulary than statistical significance).

At the end, I do believe that the pharmaceutical companies are important source for evidence for the drug development; carrying out the clinical trials and for holding scientific activities. They are particularly important for physician to update their pharmaceutical knowledge. we are looking for an ethical code of relationship that support a transparent mutual knowledge sharing & discussion that guarantee the optimum collaboration between both parties, the pharmaceutical Co. & the Physicians aiming at a common goal of the safe & effective use of the pharmacologic weapons (the medications).

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