

Centre of Biomedical Ethics and Culture

Bioethics Links

In the lead article, Sandhya Srinivasan examines ethical issues in physician-pharmaceutical interactions with particular reference to Pakistan and India, a theme from CBEC's recent international conference on "Emerging Ethical Issues" (December 6-7, 2013). Anika Khan's report on the conference gives an overview of different sessions while invited speaker, Marisa de Andrade, gives a personal account of her first visit to SIUT. In a different vein, Aamir Jafarey describes the production and impact of CBEC teaching videos. Editor

The Drug Industry and Doctors: An Unholy Alliance

*Sandhya Srinivasan**

"It's my job to figure out what a physician's price is. For some it's dinner at the finest restaurants, for others it's enough convincing data to let them prescribe confidently and for others it's my attention and friendship...but at the most basic level, everything is for sale and everything is an exchange."¹

This statement is from the testimony of Ahari, a former sales representative for the pharmaceutical company Eli Lilly, in litigation filed by two data mining companies against the US state of New Hampshire. New Hampshire had enacted a law banning the sale of prescription data to drug companies.

Prescription data tells pharmaceutical companies who the high prescribers of their drugs are. In countries like the US, it is easily compiled through computerized databases. In countries like India, it may still be collected in person, by sales or medical representatives, while taking orders from each pharmacy for their drugs.

The medical representative

Medical representatives, or MRs, are the key links between the medical professional and the healthcare industry. MRs establish relationships with doctors, pitch the company's drugs, plant the brand name in the

doctor's memory and cultivate the 'key opinion makers.' In sum they are the backbone of an US\$ 300 billion industry, an industry whose marketing budget is one-third of sales revenue and more than twice of what it spends on research and development.²

For many doctors, the MR's visits are the only way they learn about new drugs. Indian doctors depend on the MR for information on new drugs, the indications, the dosages, why they are better than other similar drugs, and so on. Naturally, this information package is tailored to sell the drug, so the benefits are exaggerated, risks minimized and contraindications downplayed. The information given by MRs in India will likely be different from what is

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Adam's apples. Lunch for physicians, hosted by a pharmaceutical company. (Photo courtesy of Dr. Mohsin e Azam)

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CBEC-SIUT: “The Bridge” over Troubled Karachi

*Marisa de Andrade**

“Help. Life. Hope. SIUT. Words that make a world of difference. Use your Zakat & Donations to reach out to those who can't afford to live.”

These are the words on the banner before me as I wait for my flight to board at Quaid-e-Azam International Airport. When I landed in Karachi eight days ago, little did I know that I was embarking on a life changing journey that would allow me to see just how these contributions literally breathe life into the poor ill.

I thought I was going to CBEC-SIUT to give a presentation on the 'corporate physician' and bio-ethical dilemmas in the global arena, and gather data for a research paper on the interactions between doctors and the pharmaceutical industry in Pakistan. I was actually about to be educated in emerging ethical issues in the biomedical arena from world-class presenters and learn a lot more about humanity.

The view from the rooftop terrace outside CBEC will haunt me forever. I talk incessantly, but for once I was speechless. Men, women, children, babies in makeshift tents were waking up on the pavements below me. There were so many of them living on the streets, making breakfast in non-existent kitchens; some still sleeping in the littered lanes. I couldn't quite believe that among them were patients being treated at SIUT, who were possibly waiting for kidney donors or needed dialysis or follow up treatments on a daily basis. The others were with their families, who had travelled from afar to be by their sides. I wondered how it was possible to work for a hospital surrounded by such pain and suffering and witness this heart-breaking existence every day. It all became clear when I was taken on a tour of the hospital.

“This isn't a hospital; this is a

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phenomenon.” “This is the only hospital in the world where you can be treated with dignity if you are poor.” “Welcome to our hospital.”

As I walked across 'The Bridge' and through the wards, I was greeted by smiling employees who boasted about the place and took ownership of its successes. Even the chefs raved about the nourishing and tasty food they served their patients to help them get better quicker.

In the records department, I met human computers. They asked a doctor to translate from Urdu to English so I could know that they'd been there for many years and loved their jobs. About a million patients benefit from various SIUT services every year and these administrators manually input their details into the paper filing system. The doctor later told me that if he asks for a patient's file by first name, he's often asked 'which one?' as they endeavour to remember the specifics of each and every patient. Incredible.

It was in the paediatric nephrology department that I was overcome with emotion as a mother of a young child sobbed, and another grasped her

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Lending a “helping foot”: a rickshaw driver pushes another rickshaw to a shop for repair. (Picture courtesy of DAWN newspaper)

Ethics Videos: A New Frontier for CBEC

*Aamir Jafarey**



Shooting CBEC's sixth video, *Hor choopo*, on ethical concerns related to genetic screening within context of Pakistani culture

Films and documentaries presenting ethical issues are great ways of engaging students, but the perennial challenge is making the material relevant to local experience. At CBEC, we have used videos as teaching aids for several years. The success of films as teaching tools convinced us to combine the impact of visual media with scripts that highlighted the nuances of ethical dilemmas faced in this region.

So far, we have produced six teaching videos that are being successfully used at CBEC and in institutions across Pakistan and internationally. Our videos are available for streaming or download, free of cost from our website (www.siut.org/bioethics) and have been used in India, Bangladesh, Sri Lanka, USA, Japan, Germany and Singapore.

In July, 2013, I was invited to be part of a two-day workshop in Dhaka at the icddr,b, a well known Bangladeshi research organization. In my four sessions during the workshop, I exclusively used CBEC videos to initiate discussion on different topics including informed consent, standard of care, vulnerability and scientific misconduct. These sessions were extremely well-received and the move from written cases to visual ones initiated lively discussions. It was interesting to

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note the commonality of issues within the region and the similar ways they are perceived and handled. The CBEC video "Publish or Perish" covering scientific misconduct seemed to hit a really raw nerve since most participants said they had experienced, at first hand, the kind of issues that were being portrayed in it.

CBEC film production, from script writing to acting, is the combined effort of a lot of novices. What makes this effort worthwhile is the positive feedback we have had from all over Pakistan and across the world. At many sites, teachers unknown to us have used them and then provided us with gratifying feedback.

Sessions on Ethics, 12th International Shaukat Khanum Cancer Symposium, Lahore



Dr. Natasha Anwar conducting a session at the symposium.

The Symposium held at Shaukat Khanum Hospital on November 29-30, featured a well attended, half day session devoted to bioethics. Organized through the efforts of Dr. Mariam Hassan, clinical research officer at Shaukat Khanum and CBEC alumnus and Mr. Aneel Sagar from Shaukat Khanum, invited speakers included Dr. Farhat Moazam, Dr. Aamir Jafarey, CBEC alumnus Dr. Natasha Anwar, UK based researcher Dr. Marisa de Andrades and Dr. Robyna Khan of Aga Khan University, Karachi.

CBEC Conference: “Emerging Ethical Issues” December 6 and 7, 2013

*Anika Khan**

CBEC's international conference on “Emerging Ethical Issues” was held on December 6 and 7, 2013, at SIUT, Karachi. Covering three broad themes, the conference explored different ethical issues in the areas of pharmaceutical industry and health care and research, screening and biobanking, genetic and deceased organ donation.

Held over two days, the conference attracted a diverse audience of physicians and non-physicians with a common interest in emerging bioethical challenges. In addition to the large number of health-related professionals, there were journalists, scholars, educationists and individuals from various walks of life who listened to speakers discussing ethical issues both in global and local contexts. A highlight of the conference was the mix of international speakers, some of whom were first-time visitors to Pakistan, and national speakers, many of whom were alumni of CBEC's Postgraduate Diploma (PGD) program.

On day 1, Dr. David Healy, author of *Pharmageddon*, gave a thought provoking key-note address to a large audience about the influence of pharmaceuticals on medical practice, and the marketing - not only of medication - but of disease. Dr. Healy is a Professor of Psychiatry at Cardiff University, UK and was visiting Pakistan for the first time, at CBEC's invitation. Also visiting Pakistan for the first time was Dr. Marisa de Andrade, a researcher associated with the University of Stirling, UK. Dr. de Andrade discussed the “Big Pharma” drive for profits with the help of “corporate” physicians in a global scenario where markets often consisted of the poor and the vulnerable. Another international speaker, Ms. Sandhya Srinivasan who is associated with the Indian Journal of Medical Ethics and has written extensively on ethical issues in

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global research, spoke about ethical concerns in outsourced clinical trials in developing countries. The morning session ended with a talk by Dr. Rana Muzaffar, molecular biologist at SIUT and PGD alumnus, who described the increasing role of contract research organisations (CROs) in global research and the resultant ethical challenges.

The post-lunch segment of the conference covered emerging ethical issues in the field of genetics with well-attended talks by three PGD alumni who have remained deeply involved with bioethical issues. Dr. Mariam Hassan, researcher at Shaukat Khanum Hospital, Lahore, spoke about genetic screening for hereditary diseases. Drawing upon personal experience, she spoke of the ethical dilemmas that arise in her own work, within local contexts. Dr. Natasha Anwar, a molecular biologist at Forman Christian College University, Lahore discussed ethical issues arising from biotechnology that enabled the manipulation and copying of genetic material, followed by Dr. Jamshed Akhtar, paediatric surgeon, at National Institute of Child Health in Karachi who described the increase in biobanking, and the possible ethical fallout.

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Dr. David Healy conducting the CBEC Forum “When Interests Conflict: Physician-Pharmaceutical Interactions,” on December 7, 2013

“CBEC SIUT: ‘The Bridge’ over...” from page 2

son and asked me to check his files with urgency. I was surrounded by sick children and felt completely useless. The only thing I could do was nod and smile. They all smiled back.

Faced with the stark reality that the great majority of the patients at SIUT live below the poverty line, it's hard to imagine how any individual or company could do anything to harm them further and it is this sentiment that I take back with me to Scotland. My research interests lie in investigating how commercial interests impact on public health policy making, sometimes to the detriment of public health. There is evidence that pharmaceutical regulations made to protect the interests of patients may be ineffective and can be circumvented.

Ineffectual rules or industry self-regulated codes of conduct may create a veneer of respectability in developed economies, but are virtually non-existent in the developing world where multinationals flock to conduct clinical trials at a fraction of the cost.

In exchange, countries like Pakistan get 'gifts' in the form of corporate social responsibility: pharmaceutical companies plant trees in community gardens, which display their logos, instead of subsidising medicine for the poor. These promotional activities are classed as philanthropy, but it's when you witness genuine altruism that you realise what the art of giving without flashing the label of charity is all about.

I'm grateful to everyone at SIUT and in particular those affiliated with CBEC for reminding me that there are good people in this world, and re-igniting my passion for research in bioethics. I am now convinced that there can be happiness and hope even for those who can't afford to live.

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On Day 2 of the conference, Dr. Anwar Naqvi, urologist and Coordinator CBEC, opened the session with a talk on organ donation, discussing the development of organ donation programs in Pakistan and elsewhere, the banning of organ trade in Pakistan and the problems faced in developing a deceased donor program. Dr. Farhat Moazam then described a study done by CBEC faculty on local perceptions about deceased organ donation and discussed the difficulties inherent in the development of deceased donor programs in the social and cultural milieu of Pakistan. She was followed by Ms. Sandhya Srinivasan who presented the Tamil Nadu model of deceased donor transplantation. Dr. Aamir Jafarey of CBEC ended the session with his talk on non heart beating donation and continuing efforts to redefine death for the purpose of getting more organs from deceased donors.

Following the end of the open sessions, a CBEC Forum on “When Interests Conflict: Physician-Pharmaceutical Interactions” was led by Dr. David Healy from Wales, UK, who spoke about the conflict between physicians' duty to patients and the influence of the pharmaceutical industry on medical practice. Addressing a large group of participants, he spoke of academic fraud and presented data showing how the results of clinical trials could be misrepresented.

The day ended on a cultural note with an 'Ethics and Culture Hour' featuring well-known architect and social activist, Dr. Arif Hasan, who traced the origins and historical development of Karachi and described its evolution in the last century from a small, orderly port city to a dense city teeming with millions and battling multiple problems.

“The Drug Industry and Doctors...” from page 1

mandated in, say, the US or UK.

This 'continuing medical education' is not the only benefit provided by the MR. There are also the small gifts-pens, prescription pads and other stationery (with the names of the company and its drugs). These 'brand reminders' are the basic tool in the MR's armamentarium. Most doctors believe that these do not influence their own prescribing. But MRs hand them out for a reason: when the doctor picks up a pen to scribble out a prescription, s/he gets a reminder of the company's brand rather than of another, or of a cheaper but equally effective generic.

MRs also distribute free samples of the drug they are promoting. These are a way to popularize the drug and also get feedback for further promotional material.

Pharmaceutical promotional practices range from brand reminders to prescribe the company's drug, to incentives to prescribe that have nothing to do with medicine: air conditioners, washing machines, microwaves, cameras, televisions, all-expenses paid trips to conferences or vacation spots, and more.

Building a relationship

A survey of US physicians³ in 2003-2004 found that 94% of those who replied to the questionnaire reported some type of relationship with the pharmaceutical industry. 83% had dined at a drug company's expense, 78% had accepted drug samples, 35% had their costs covered for professional meetings or continuing medical education, and 28% had received payments for consulting, giving lectures, or enrolling patients in trials.

Such promotional practices are often associated with high prescribing frequency, higher costs and lower prescribing quality, leading the authors of one review article to recommend that doctors “avoid exposure to information from pharmaceutical

companies.”⁴

A serious concern in South Asia

A report by Consumers International notes: *... the pharmaceutical industry is poised to focus on emerging markets, many of which are located in developing countries with poor healthcare and insufficient regulatory infrastructure. Trends also indicate that a significant portion of this attention will focus on marketing of drugs, and... doctors are a focus for this activity.*⁵

In 2003, the Forum for Medical Ethics Society in Mumbai conducted open-ended interviews with 15 senior executives in drug companies, 25 chemists and 25 doctors, and focus group discussions with 36 medical representatives. The researchers write:

“The study provided a picture of what might be described as an *Continued on page 7*

The Renee C. Fox Lecture in Medicine, Culture and Society, 2013

The University of Pennsylvania organizes a daylong event each year to commemorate the many academic contributions of its Professor Emerita, renowned medical sociologist Dr. Renee C. Fox. The day is used to explore important issues that lie at the interface of society and medicine, and culminates with a lecture by an invited guest. The 5th lecture of this series was delivered by Dr. Farhat Moazam on October 15, 2013. The title of her well attended talk was “We are the children of our landscape: Practicing medicine in Pakistan.” In her presentation she used her clinical experience as a surgeon and her ethnographic research on kidney transplantation in Pakistan to highlight complex social and ethical issues that can surface within hierarchical, family centered and religious societies.

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unholy alliance: manufacturers, chemists and doctors conspire to make profits at the expense of consumers and the public's health, even as they negotiate with each other on their respective shares of these profits.”⁶

The Code of Medical Ethics in India

In December 2009, the Medical Council of India (MCI) amended its Code of Medical Ethics.⁷

Medical practitioners may not receive gifts (of more than INR 1,000) from drug and healthcare companies. Nor may they (or their families) receive or be reimbursed for travel, accommodation or other hospitality including for attending medical education programmes. (The MCI also felt it necessary to mention that doctors were not permitted to accept cash.) The code also bans doctors from endorsing any products. Violations are to be punished with a censure or suspension.

Efforts to enforce the code have not been successful. First, the MCI is not viewed as a guardian of medical ethics. Less than a year after the amendment, its president was arrested on charges of corruption.⁸

Second, any efforts to enforce ethical practice must contend with the Indian Medical Association (IMA). When the MCI suspended office bearers of the IMA for taking INR 22.5 million to endorse products of PepsiCo and Dabur, the IMA immediately got a stay on the suspension.⁹

Third, the industry, which has managed to fight off regulation of its promotional practices in India, has its supporters in high places. In April 2013, it was learned that the government's department of pharmaceuticals had asked the MCI to amend its code of ethics and permit doctors to accept three industry-sponsored foreign trips each year.¹⁰

The problem is no different in Pakistan

The Pakistan Medical and Dental Council Code of Ethics¹¹ is clear that physicians may

not accept gifts of any kind: “No inducement, gift or hospitality which may affect or be seen to affect judgment may be accepted.” (*emphasis added*)

The Network for Consumer Protection in Pakistan, a member of Consumers International, surveyed 149 doctors, 100 medical representatives and 99 medical store personnel and found that each doctor met an average of seven MRs daily. Doctors are “cultivated” through invitations to seminars and retreats, sponsorship for conferences, drug launches in five star hotels and more. Gifts and 'incentives' ranged from stationery to stethoscopes and books, to computers, club membership, air conditioners, cars, cash and home appliances. For some doctors, domestic cattle are an incentive to prescribe.

Conclusion

In Pakistan and India, 70% of healthcare expenditure is in the private sector, a major portion of this on medicines. Catastrophic healthcare spending pushes people below the poverty line.

In these circumstances, doctors must take special care to refuse favours from pharmaceutical companies. For their patients, it is a matter of life or death.

(References for this article are available in the online version of Bioethics Links, Volume 9, Issue 2)



From fishing village to mega-city: Mr. Arif Hassan, architect and social researcher, charts Karachi's evolution at CBEC's Ethics and Culture Hour, on December 7, 2013.

Foundation Module for the New Academic Year

Since 2006, CBEC has successfully run a year long Postgraduate Diploma in Biomedical Ethics program (PGD) for mid-career level healthcare professionals. In 2009, CBEC introduced a two year Master in Bioethics program (MBE) for professionals in major primary fields including healthcare, social sciences, education, law, etc.

CBEC's next academic year for PGD, Class of 2014 and MBE, Class of 2015 begins in January 2014. The Foundation Module scheduled from January 20 to February 1, lays the grounding for students to understand the connections of philosophy, religion, law, and humanities with human moral thought, and to begin thinking critically about different aspects of contemporary bioethics.

Faculty for January 2014 Foundation Module:

- Aamir Jafarey: Associate Professor, Centre of Biomedical Ethics and Culture, SIUT
- Anika Khan: Senior Lecturer, Centre of Biomedical Ethics and Culture, SIUT
- Sharmeen Khan: Corporate lawyer, Head of investigative compliance for a pharmaceutical company, Dubai
- Paul A. Lombardo: Professor, Georgia State University College of Law, USA
- M. Khalid Masud: Religious scholar, Member, Shariat Appellate Bench, Supreme Court of Pakistan
- Farhat Moazam: Founding Chairperson and Professor, Centre of Biomedical Ethics and Culture, SIUT
- Mohsin Naqvi: Religious scholar, Chief Consultant, Aga Khan Examination Board, Pakistan
- Bushra Shirazi: Associate Faculty, Centre of Biomedical Ethics and Culture, SIUT
- Abdul Wahab Suri: Member, Board of Studies of Philosophy at the Karachi University
- Arfa Sayeda Zehra: Professor of History, Forman Christian College University, Pakistan

PGD, Class of 2014

Habiba Sharaf Ali Obstetrician/Gynecologist ZMH, Karachi	Asma Nasim ID specialist SIUT, Karachi
Faiza Bashir Researcher, PMRC, Islamabad	Quratulain Omaer Basic scientist, Anatomy Bahria University, Karachi
Nazli Hossain Obstetrician/Gynecologist DUHS, Karachi	Ali Raza Dental Surgeon FDC, Sheikhpura
Faisal Rashid Khan Psychiatrist, AMC, Islamabad	Faiz Ahmed Raza Microbiologist PMRC, Faisalabad
S. H. Kolambage Critical Care Specialist, GH, Kalutara, Sri Lanka	Altaf Ahmed Talpur General Surgeon, LUMHS, Jamshoro
	Salman Ahmed Tipu Urologist AMC, Islamabad

CBEC Workshops at Khyber Medical University (KMU), Peshawar



On December 18, 2013, Drs. Moazam and Jafarey conducted the first clinical ethics workshop at KMU for fifty participants including clinicians, nurses, physiotherapists and students from Peshawar, Bannu, Kohat and Mardan. Using CBEC videos and cases led to lively discussions. This was followed by a CBEC research ethics workshop for the second batch of Master in Health Research students of KMU on December 19 and 20.

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