

# DAWN

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## An unholy nexus

A RECENT report by the Network for Consumer Protection confirms the worst fears regarding the age-old and mutually beneficial relationship between physicians and multinational pharmaceutical companies. MNC largesse for doctors includes overseas trips, funding for family weddings and holidays, expensive gifts such as air conditioners and laptops, down payments on new cars and symposia sponsorship. These hefty investments clearly pay for themselves, and more, in the form of prescriptions for drugs manufactured by favoured companies regardless of their efficacy. For a car down payment, for instance, all that the "physician has to do" is to "write 200 prescriptions for the company's expensive drug." Local pharmaceutical companies also offer perks but usually on a smaller scale. This brazen unethical practice assumes added significance in the Pakistani context given the poor skill levels of many general practitioners and the easy availability of potentially hazardous drugs. Injudicious prescription of medicines can harm patients in many ways and cause health problems. To push the products of a particular manufacturer, many doctors prescribe drugs whether or not their use is called for. Similarly, expensive brand-name medicines are pre-

scribed even when cheaper generic alternatives are available in the market. Particularly worrying is the prescribing of psychotropic drugs for mentally ill patients who require careful treatment, follow-up and monitoring. Moreover, the healing potential of counselling and therapy is often lost in this mode of treatment conditioned by factors other than medical.

This unethical relationship between greedy doctors and pharmaceutical firms will not be easy to curb, especially in the case of private practices. Hospitals can, of course, establish a code of conduct that prohibits doctors from accepting gifts or other benefits from pharmaceutical companies and their representatives. Depending on the violation, erring physicians must be disciplined or dismissed from service and reported to the Pakistan Medical and Dental Council, the authority empowered to register the country's doctors. In the wider context of healthcare, it is imperative that the health authorities tackle the problem of quality control in locally produced medicines. This will be possible only if an independent drug administration authority is established on the lines of the US FDA. Such moves are already afoot in India and there is no reason why they cannot be adopted here.