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PHARMACISTS' PERCEPTION OF PHARMACEUTICAL REPRESENTATIVES' PRACTICES OF DRUG PROMOTION IN NORTH-EASTERN ROMANIA

Magdalena IORGA¹, Camelia SOPONARU², Laszlo-Zoltan SZTANKOVSKY³, Cristina GAVRILOVICI⁴

Abstract

The promotion, prescription and dispensing are influenced by a number of factors that ultimately impact the health of the main beneficiaries of health services patients. The purpose of the study: identifying perception of pharmacists on drug promotion practices adopted by pharmaceutical representatives. Material and Methods: A total of 72 pharmacists responded to a questionnaire about their perceptions on drug promotion practices by pharmaceutical representatives, both in relation to pharmacists and doctors in the relationship. Variables such as age, work environment (urban, rural), seniority, were considered. Pharmacists aged between 24 and 68 years (38 ± 10.57991), with a number of years experience in the pharmaceutical field between 1-48 years old (14.4265 ± 11.30489) Results: Of all pharmacists who responded to the questionnaire, a percentage of 47.8% say they have no information about the existence of an ethical code of the pharmaceutical company, and 52.1% believe that there is such a code. Pharmacists estimated that over 75% of pharmaceutical representatives promote clearly the products; the information provided is accurate, complete and balanced enough to compete. No pharmacist said it did not receive commercial offers from reps. Significant differences were found in age, seniority and working environment. Conclusions: over 75% of pharmaceutical representatives are appreciated because it provides clear, accurate, complete information about the medicines they promote. An actual dilemma about Romanian legislation regarding the pharmaceutical representative is presented.

Keywords: pharmacist, pharmaceutical representative, ethics, drug, promotion, dispensing.

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Introduction

The promotion, prescription and dispensing are influenced by a number of factors that ultimately impact the health of the main beneficiaries of health services patients. The promotion (made by the medical representative), prescription (made by the doctor) and dispensing (the pharmacist's duty) must lead to the best solution for treating the patient. The perfect harmonization of the three parties should assure to the beneficiary the most comfortable solution: the proper medical treatment, the most efficient way to procure it, the best price to pay for it. But the roles of the three parties are sometimes changing between them. However than patient becomes an expert. It is obvious that patients have easy access to information through the internet, mass media, and educational activities in hospitals, communities and patient groups (Cordier, 2014; Pulvirenti, McMillan and Lawn, 2014).

But the pharmaceutical industry is a business and pharmacy is a profession, so it is obvious that goals vary. Business interests must come far after patient well being, regardless of whether a pharmacists' work is in a hospital or community drug store. In United States there are 800,000 sales reps in the U.S., which translates into one full time pharmaceutical representative for every ten physicians. (Wright, Cutler, Thomas and Rao, 2003) Not surprisingly, their marketing tactics have had to be creative and aggressive because once a new drug product is developed, it must be marketed. The medical representative should promote the product in the patient's benefit and/or in the company's interest and this dilemma is not ended.

Community pharmacists can choose one of two paths: one focused on the business of mixing and selling pharmaceuticals only and one that includes individual counselling and prescribing. However community pharmacists are often offered financial incentives to dispense branded medications or receive volume rebates. (Russell, 2009) In a study of 377 pharmacists, 32% identified ethical conflicts with customers, 27% with gifts and kickbacks, 23% with pricing practices and 23% with honesty of business agreements. (Vitell, Rawwas and Festervand, 1991) Another studies pointed that community pharmacists are recommending themselves drugs to patients and the dispensing process is influenced by their relationship with the pharmaceutical representative and the physician. (Iorga, Sztankovszky, Soponaru and Gardikiotis, 2015; Sztankovszky, Iorga, Soponaru and Astarastoe, 2015)

Pharmacists have very important role in providing a high quality of health care to patients. A lot of them are coming to the pharmacies instead going to a doctor, so pharmacists have the opportunity to discuss about disease prevention, treatment and health promotion. (Barber N, Smith F, Anderson, 1994) Pharmacist must be interested first of all about patient's well-being. On the other hand, pharmacist became a business-person, so taking care about the business and the own continuing education is also a must. To match up, the role of today's pharmacists needs to be expanded to include pharmaceutical care concepts, making

the pharmacist a health care professional rather than a drug seller in a commercial enterprise. (Toklu and Hussain, 2013)

The ethical professional guidelines must be learned during academic years. Studies are showing that unethical behaviours are practiced and such are even tolerated in medical universities. (de Oliveira, dos Santos, dos Santos, Jacinto, Boas and Fukushima, 2015; Iorga and Sztankovszky, 2013) Promoting critical thinking during the academic years must be an important challenge to the university curricula responsible. (Wilkes and Hoffman, 2001)

In US guidelines for pharmacists, there are clear explanation of acceptable gifts. Gifts of a minimal value, meaning fewer than 100 dollars (like pens, pads, cups, and paperweights) are acceptable, although any potential for undue influence must always be considered. There are more acceptable gifts like educational materials such as slides, patient information guides, monographs or books, as long as they promote objective and scientific knowledge that will benefit patient care. (ACPE, 2015)

In Romania the professional association ARPIM (Romanian Association of International Medicine Manufacturers) has strict ethical guidelines for several years, which are matching to EFPIA (European Federation of Pharmaceutical Industries and Associations) requirements. ARPIM in 2013 also adopted a Transparency Code for transfers of value between pharmaceutical companies to healthcare professionals (ARPIM, 2013)

From the state point of view, a little bit later, the law 95 was completed with OUG 2 in February 2014, which stated that any sponsorship or payment done to the healthcare professionals (or Patient Associations) must be declared to the National Agency of Medicine and Medical Devices (ANM). This information will be public beginning 2016.

In Romania, pharmacists' activity in dispensing medication has some particularities. Due to fact that drug prescription in most of cases are done by the doctor with International Nonproprietary Name (INN), the pharmacists has the possibility for generic products/or originals after the period of exclusivity) to switch between different producers drugs. According to the law, the pharmacists has to offer first the cheapest version to the patient (which should mandatory be present in the pharmacy), but afterwards he also can offer several other options to the patient.

The second/third option is highly depending of the pharmacy stock, profitability and the persuasive actions of the pharmaceutical representatives, fact that we tried to study in our research. On other aspect to be mentioned, is that in the actual period (2015 February-May) when in February was announced a price decrease for the Rx medication but it is not yet applied, pharmacists try to lower the stocks for these products due to fact that only few producers announced that will compensate the financial loss for actual existing stocks in pharmacies. These stock decreases can only be done by preferentially offering the problematic products for the Rx prescription with INN.

Material and methods

From January to May 2015, a number of 72 pharmacists from North-eastern part of the country answered a survey about their perception of pharmaceutical representative ethical practices and their opinion about doctor-medical representative relationship. Variables such as age, work environment (urban, rural), length of employment were taken into consideration. The items touched upon the following aspects: (1) the existence of an official ethical code for drug promotion of the employing company; (2) the pharmacist's perception of the information provided by the pharmaceutical representative (balanced against the competition); (3) the perception of the accuracy of the studies used by the pharmaceutical representative to support the promoted products; (4) the pharmaceutical representative's methods of collaboration used in his relationship with the physician (informal gifts, samples, sponsorships for doctors, for the purpose of continuing medical education, sponsorships for institutions (hospital, clinic), other informal sponsorships, participations in clinical studies, market research and observational studies); (5) methods of collaboration used by the pharmaceutical representative in his relationship with the pharmacist, like informal gifts, sponsorships for pharmacists for the purpose of continuing medical education, commercial offers (natural rebate, discount).

The goals of the research are: (1) to realize qualitative analysis of the pharmacists' answers to the 5 items listed above; (2) to have a comparative analysis of results, depending on the following demographic variables of the batch of subjects: gender, background, education, geographic region of employment; (3) to set correlations between the variables of the survey and subjects' length of employment, age and experience in the field.

The survey was applied to 72 pharmacists, aged from 24 to 68 (with an M age of 38 ± 10.57991), with 1-48 years of experience working in the pharmaceutical field (14.4265 ± 11.30489). The distribution according to their age and work experience is presented in Figures 1 and 2. A percent of 91.67% of the surveyed pharmacists are female and 90.28% works in pharmacies located in urban areas.

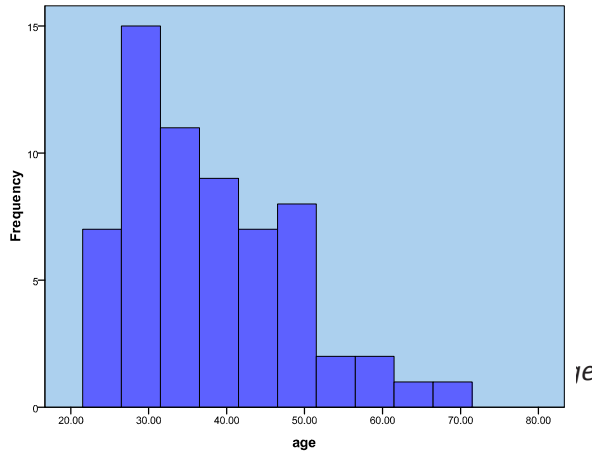
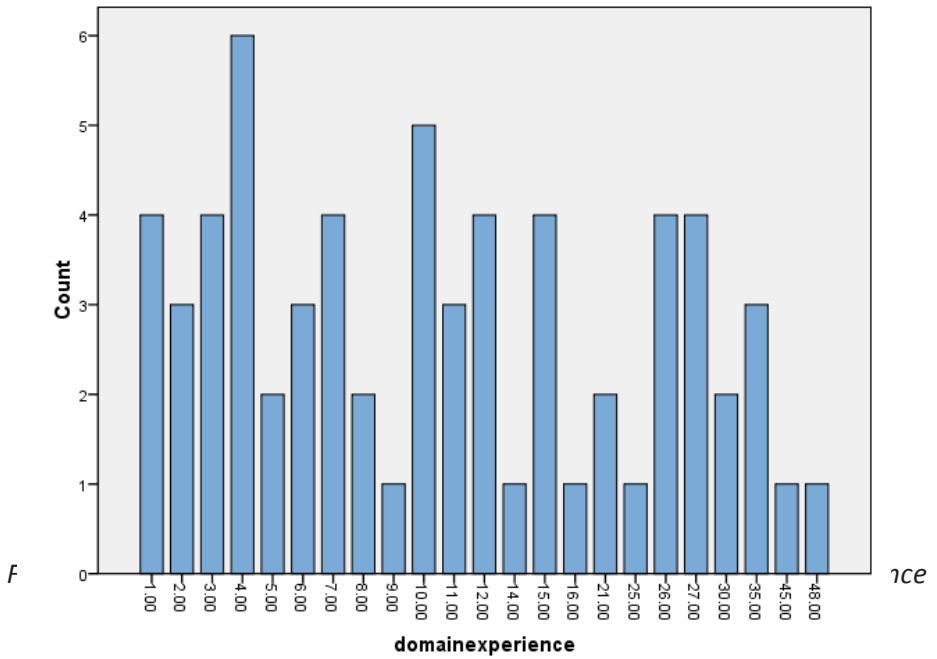


Figure 1. The



Results and discussions

Qualitative data analysis showed that, in what concerns the existence of an official ethical code of drug promotion of the pharmaceutical representative's employing company, about 52.1% of all subjects who have answered the survey believe there is such a code, while 47.8% do not know about it.

The perception of information provided by the pharmaceutical representative about promoted products is the following:

- accurate (minimum accuracy/maximum accuracy), with an $M = 3.8182$ (on a scale of 1 to 5). Of all answers, 1.8% chose value 1 (minimum accuracy – maximum accuracy), 5.5% - value 2, 18.2% - value 3, 58.2% - value 4 and 16.4% - value 5 (maximum accuracy);
- sufficiently comprehensive, with an $M = 3.5179$ (on a scale of 1 – incomplete to 5 – fully comprehensive): 3.6% chose value 1, 1.8% - value 2, 42.9% value 3, 42.9% value 4 and 8.9% value 5;
- balanced against the competition, with an $M = 3.3111$ (on a scale of 1 – imbalanced to 5 – maximum equidistance), 8.9% choosing value 1, 4.4% value 2, 46.7% value 3, 26.7% value 4, 13.3% value 5.

Regarding the perception of the accuracy of experimental medical studies used by the pharmaceutical representative to support the promoted products, pharmacists evaluate this item in value about 75.67% (evaluation on a scale of 0 to 100%).

- In pharmacists' opinion, pharmaceutical representative uses the following methods of collaboration, in his relationship with the doctor:
- informal gifts (flowers, chocolate, etc.) ($M = 2.3103$), for which never = 39.7%; rarely = 12.1%; often = 25.9%; always = 22.4%;
- samples ($M = 2.9552$), for which never = 9.0%; rarely = 22.4%; often = 32.8%; always = 35.8%;
- sponsorships ($M = 2.6042$), for which never = 16.7%; rarely = 29.2%; often = 31.2%; always = 22.9%.

In their opinion, from these sponsorships, the distribution is the following:

Table 1. *In pharmacists' opinion about pharmaceutical representative's sponsorships in his relationship with the doctor*

<i>In pharmacists' opinion, pharmaceutical representative uses the following sponsorships in his relationship with the doctor</i>	<i>M</i>	never	rarely	often	always
sponsorships for doctors, for the purpose of continuing medical education	2.8793	17.2%	10.3%	39.7%	32.8%
sponsorships for institutions (hospital, clinic)	2.4151	24.5%	28.3%	28.3%	18.9%
other informal sponsorships	2.6364	12.7%	29.1%	40.0%	18.2%
participations in clinical studies, market research and observational studies	2.6552	15.5%	25.9%	36.2%	22.4%

Pharmacists declared that the pharmaceutical representative uses the following methods of collaboration: informal gifts, sponsorships for pharmacists, for the purpose of continuing medical education or commercial offers. No pharmacist sustained that he/she never received a commercial offer from the pharmaceutical representative. The most common is the natural rebate and the discount (more than 85% declared that they received it from the reps). The most uncommon is the informal gift, like flowers or chocolate, 32,8% of the pharmacists declared that they never received from the pharmaceutical representative such a gift. The rates for this item are presented in *Table 2*.

Table 2. *The distribution of answers for the item: The pharmaceutical representative uses the following methods of collaboration with the pharmacist*

<i>Item: The pharmaceutical representative uses the following methods of collaboration with the pharmacist:</i>	<i>M</i>	never	rarely	often	always
informal gifts (flowers, chocolate, etc.)	2.5172	32.8%	15.5%	19.0%	32.8%
sponsorships for pharmacists, for the purpose of continuing medical education	2.5312	18.8%	29.7%	31.2%	20.3%
commercial offers (natural rebate, discount)	3.1846	0%	13.8%	53.8%	32.3%

In order to highlight the difference between Ms for the results obtained by our subjects depending on the considered demographic variables, we used the *Mann-Whitney test*. The analysis showed that, according to the gender variable, there are no statistically significant differences between female and male subjects.

In order to highlight existing correlations between variables of the survey and subjects' length of employment, age and experience in the field, we carried out *Spearman* correlations. The only remotely significant positive correlations we obtained were between subjects' length of employment and the item referring to methods of collaboration between the pharmaceutical representative and the

doctor, angajatoare (0.313*, $p = ,020 < 0,05$) that is, the use of sponsorships for doctors, for the purpose of continuing medical education. Thus, the more subjects advance in age, the more their length of employment increases, and the greater their experience in the pharmaceutical field, the more they consider that the medical representative uses sponsorship for doctors, for the purpose of continuing medical education, as a method of collaboration.

Conclusions

Pharmacists' perception about the practices of pharmaceutical representatives is influenced by several variables. Pharmacists estimated that over 75% of pharmaceutical representatives promotes a clear product information is accurate, complete and balanced enough to compete. No pharmacist has said it did not receive commercial offers from reps. As regards information about the existence of an official ethical code of sales promotion in company employing the pharmaceutical representative, of all pharmacists who responded to the questionnaire, a percentage of 52.1% believe that there is such a code and 47.8% say they do not know the existence of a code of ethics.

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