Cooperation between Physicians and Pharmaceutical Industry in Latvia

Opinions of Physicians, Industry and Patients

Summary of the Study Data

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PRESENTATION OUTLINE

• Aims, research questions, methodology;
• Study results - opinions of physicians, industry and patients about:
  – Different aspects of cooperation;
  – Opinions about influence of cooperation on prescribing habits;
  – Existing regulatory mechanisms;
  – Additional problems,
• Summary of conclusions.
AIM OF THE STUDY

To analyse opinion of physicians, patients and pharmaceutical industry representatives regarding cooperation between physicians and pharmaceutical companies.
RESEARCH QUESTIONS

1) What forms of cooperation between physicians and the pharmaceutical industry exist in Latvia?
2) What is the regulatory framework of the cooperation?
3) What are strengths and weaknesses of the regulatory framework of medicines’ promotion (including self-regulatory mechanisms)?
4) What are opinions about effectiveness of this regulatory framework?
5) What are most problematic aspects related to the cooperation?
6) Does the cooperation have an impact on prescribing?
7) What should be done to decrease an impact of the pharmaceutical promotion on medicines’ prescribing?
Methodology of Health Action International and Medicines Transparency Alliance

Adaptation to the local context

Interviews with 25 physicians’ associations + 25 patient and consumers’ associations + association of pharmaceutical companies

Data processing, coding, analysis (*Atlas.ti*)

Research report

**Qualitative study methods:**
- Provides in-depth understanding of the research problem
- Offers the diversity of opinion and vision of all stakeholders
- Provides an opportunity to explore experiences, meanings and interpretations
### Forms of Cooperation

1. Meetings with sales reps
2. Sponsoring CME and conference participation
3. Consultancy and speakers’ fees
4. Gifts and souvenirs
5. Free drug samples
6. Clinical guidelines
FINDINGS OF THE STUDY
1. MEETINGS WITH SALES REPRESENTATIVES
INFORMATION SOURCES FOR PHYSICIANS

• The State Medicines’ Agency;
• Professional literature;
• Scientific publications from data basis;
• Latvian and International clinical guidelines;
• Institutions (EMEA, FDA, etc.);
• International organizations (WHO, etc.);
• Scientific conferences and seminars;
• The Internet;
• Journals for professionals in Latvia (Cito, Doctus, Materia Medica, Latvijas Ārsts);
• Pharmaceutical sales representatives.
OPINIONS ABOUT INFORMATION AVAILABILITY AND USE

• More focus on the Internet than earlier;
• Language skills should be mastered;
• Financial support for the access to scientific data basis.

“If we had complete information - we could look at the literature, we could look in PubMed or somewhere – we would be more knowledgeable and competent than pharma sales reps when they tell us about medicines”

2. Quality depends on qualification.

3. More qualified reps to higher-rank physicians.

4. Superficial information, lack of focus on ADRs.
• “Sure, they care about their reputation – [always bring] research data, materials” A_16

• "Those who come to me, are of higher level, and they perhaps are more carefully talking to me than to the average family doctor.“ A_24

• “Information from sales reps depends on a particular rep. You see, there are reps that are physicians themselves – this information will be of higher quality, and I should say, more accountable.” A_24

• “Actually their information has no deeper analysis and discussion” A_10
Opinions regarding information about negative aspects of medicines

- Enough information
- Insufficient information
- Not enough emphasis on negative aspects
- Very poor information
Opinions about information regarding ADRs and other negative aspects of medicines

“The majority *adequately informs* about ADRs [...] There was a company that recently telephoned me to inform about the recent research on contra-indications”. A_24

“In fact, if You ask about ADRs – they answer [..], but these aspects are never stressed.” A_2

“They do not lie; they are simply *not disclosing all.*” A_14

“Well, pharmaceutical information - it is *advertising*, and it must be perceived critically [..] They just selling drugs like, say, detergents.” A_6
Positive

1. Information for patients
2. Reminders about medicines
3. Summary of research data
4. Information - new medicines, prices, availability

Negative

5. Impact on prescribing
6. Arrival without appointment
7. Wasted time
8. Lack of new information
POSITIVE OPINIONS ABOUT SALES REPRESENTATIVES’ VISITS (Physicians’ opinions)

😊 “We can give it to patient [leaflet containing medicines information] – we simply tick the necessary box [..]” A_16

😊 „He/she has reminded me that such medication exists. Sure, it will remember it” A_8

😊 “They have essence of information. It is important for me to meet them and ask questions” A_24

😊 “They deliver information faster than other sources do [..]” A_20

😊 ”You think I have plenty of time? Of course, it is more convenient that they bring information, also about prices.” A_18
NEGATIVE OPINIONS ABOUT SALES REPRESENTATIVES’ VISITS (Physicians’ opinions)

😊 “Sure, **it influences. Because memory is short-term, and information simply reminds about it [the medicine] [..]” A_15

😊 “[..] just **coming without notice [..] That’s not polite” A_11

😊 “Some active companies – they come frequently and **bring nothing new” A_9

😊 ”They **should not come [to the hospitals] at all.” A_22
Opinions of patients

😊 Visits are important for physicians;

😊 Visits occur during patient consultation hours;

“When I sit at my GP clinic, I see them – they go in and out – one after another”. P_6

😊 Influence of prescription

„Unfortunately I have heard – patient sits in the doctor’s office [..] salesperson comes in and at the presence of the patient asks: “How much have you prescribe”? Pressure on GPs is extensive.” P_7
Summary

- The practice of sales representatives’ has considerably **improved** within last 20 years – visits are much more organized and also taking place more rarely;
- The way reps’ visits are organized **differs** in hospitals and ambulatory practices;
- Visits helps physicians **save time**;
- Visits happen to **interfere** with the work of doctors;
- Patients have **negative opinions** about visits in patient consultation times.
2. EDUCATIONAL EVENT SPONSORSHIP
EVENT SPONSORESHIP

The Code of Ethics: “Pharmaceutical companies may hold or sponsor meetings for healthcare professionals [...] Hospitality during such meetings should be strictly limited in accordance with the purpose of the event. Sports or any entertainment activities are prohibited.”
SPONSORED CONTINUING MEDICAL EDUCATION AND EVENTS

Positive aspects:
- Essential income source;
- New information.

Negative aspects:
- Non-compliance to standards;
- Impact on content.
“Many thanks to the companies [...] It is not so easy – you need space, screen, invitations should be sent. All this takes time and resources physicians do not have” A_5

“This [the financial support] is a certain relief – we do not have to bother about a cup of coffee or some sweets [...] A_11

“They bring foreign speakers, and we are able to feel the world’s breath... Even if these events have some commercial nature” A_4

“I am not sure if credit points should be given for pharmaceutical lectures. This is a debatable issue” A_6

“... It is a global problem, sure. The impact of the pharm-industry is so big – the content is certainly influenced.” A_15
SUMMARY

• Financial support for organizing educational events for physicians is highly estimated by the associations of physicians;

• The amount of the support has decreased significantly during last years;

• Several physicians possess the opinion that there is some impact on the information content both in fully or partially sponsored

• Generally all physicians evaluate the availability of the information about sponsors of educational events as sufficient.
CONFERENCE PARTICIPATION

Positive aspects

- Essential support
- New information, shared with others

Negative aspects

- Lack of clear criteria
- Impact on prescribing
CONFERENCE PARTICIPATION

😊 «Continuing education of physicians... the just does not state where to get this money... Money does not fall from the sky, and support from the companies is an opportunity” A_15

😊 “We have conferences [after the trips] – if somebody has participated in a congress, he/she informs others “ A_6

😊 “The most negative thing – I personally think that selection is based on some subjective criteria” A_2

😊 “…the physician has sold himself to the company. Unfortunately there are doctors who do that.” A_16
SUMMARY

• Doctors’ salaries cannot cover costs of international congresses;
• Continuing education is essential for better treatment results;
• There is a lack of clear criteria;
• An opinion that public information about support for international congresses may harm the image of a physician.
3. CONSULTANCY AND SPEAKERS’ FEES
CONSULTANCY AND SPEAKERS’ FEES

Fees are a fair reward for the work

“Opinion leaders”

Impact on the content - ?

No impact on prescribing
FEES AND PAYMENTS – INFLUENCE ON CONTENT

- “I think it's **under my honour** to dance to every tune that pays me. Secondly – my conscience. [..] I assume that not all doctors think so... “A_24

- “I cannot put my **prestige** under risk...” A_4

- “[..] Yes, I suppose there are **physicians who speak what is being asked** “ A_7

- “Well, they [pharmaceutical industry] **need stars** ” A_22
GIFTS AND SOUVENIRS

• Regulations of the Cabinet of Ministers No.378: “Any material compensation for prescription or distribution of medicines is forbidden, except for the cases that materials are used in everyday practice and their value is non-significant.”

*The current legislation does not precisely define the term “non-significant”
4. GIFTS AND SOUVENIRS

Less than some time ago

No impact on prescribing

Souvenirs are of practical usefulness

Reminders about medicines
GIFTS AND SOUVENIRS – PATIENTS’ OPINION

• “If you have taken something, you have a feeling of debt – it is reciprocity” P_1

• “There might be only few doctors who do not use souvenirs of the pharmaceutical companies [..]” P_21

• “They [souvenirs] are like signs “I was there” – it is like a dog marks a tree” P_23

• “No, our physician is not such a trash - he cannot be influenced by such trivial things” P_8
SUMMARY

• Souvenirs are brought more rarely, if compared to the past;

• It is difficult to distinguish between the terms “a gift” and “a souvenir”;

• Souvenirs are useful in everyday practice;

• There is an opinion that souvenirs do not influence prescribing;

• Offering of more expensive gifts is a diminishing practice.
5. FREE DRUG SAMPLES
FREE DRUG SAMPLES

- Procedure is strictly regulated
- Samples may help
- Procedure is too bureaucratic
- Patients may test medicines
SUMMARY

• The amount of free drug samples has decreased to a great extent;

• In doctors’ and patients’ opinion, benefits from free drug samples overweight risks and negative aspects.
7. CLINICAL GUIDELINES
Lack of financing
Conflicts of interests
Non-developed mechanisms
Impact on content - ?
CONCLUSIONS

• A lack of state support for clinical guidelines;
• An impact on the content may not be excluded;
• Declaration of conflicts of interests was supported by physicians.
IMPACT ON PRESCRIBING

No influence

“I do not think any influence is possible today.”

My colleagues, not me

“If the company pays, they change their prescription habits easily.”

Direct influence

“If you cannot buy something for big money, you can buy it for bigger money...[...] Of course!”

“My academic prestige...[..] I cannot compromise myself in such a primitive way.”

“I have some information about GPs...They get into it and prescribe what’s demanded.”

„This is certainly a global problem. It influences - for 100%.”
Information about influence is exaggerated

The majority cannot be influenced

Cooperation is tight

Doctors depend on companies

“I do not want to think badly about doctors [...] But possibility of influence is realistic” P_21

“Very good relations [ironically], pharmaceutical companies hold doctors on a leash.” P_16

“I personally haven’t met such doctors myself [...]” P_15

“Relationship is tight [...] but it has both positive and negative aspects.” P_11
ADDITONAL PROBLEMS

• Patient organizations are used as political lobby tools;

• Lobby particularly occurs in the field of reimbursed medications;

• Influence on the institutional level;

• Vertical integration.
REGULATORY MECHANISMS

Effective

Ineffective
REGULATORY MECHANISMS

• Situation has improved;
• Too much bureaucracy already, no need of change;
• Pharmaceutical companies have strong self-regulation;
• Comparatively ineffective regulatory mechanisms of physician organizations
SUGGESTIONS OF PHYSICIANS

• More transparency;

• Influence in the political level must be diminished;

• More focus on self-regulatory mechanisms;

• More financial support by the State.
SUMMARY OF THE PROBLEMS

Information
- Access to data bases and objective information is not always sufficient;
- Lack of State financing;

Visits of sales reps
- Sometimes interfere with the patient consultations;
- Lack of critical appraisal of the information

Sponsorship of educational and association events
- Impact on the content is not excluded

Conference participation
- Lack of clear criteria;
- Low transparency;
- Lack of alternatives to pharmaceutical financing
SUMMARY OF CONCLUSIONS (2)

Payments and rewards
– Suspected to influence the content negatively

Souvenirs
– Lack of clear definition;
– Negatively perceived by patients

Clinical guidelines
– Necessity to declare conflicts of interests;
– Lack of systematic approach and state financing

Patient organizations
– Lack of alternative financing
– Tools for pharmaceutical industry

Additional problems:
- Political lobby;
- Vertical integration
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