
Editorial

Drugs: prescription and promotion in third world countries

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Practicing medicine is an art as well a science. The physician is expected to prescribe drugs for the ailments of the patients and the medicines are expected to give a reasonable cure. The medical practitioner has the freedom to decide the drugs required for their patient for any given ailment. However this freedom gets curtailed under certain situations. For example, if the practitioner works in a set up where there is only limited availability of medicines, the choice is limited to trying various permutations and combinations within the available list of drugs. This is more so in government run hospitals and it is not an uncommon practice in such hospitals in India to give a part of the required medicines from its pharmacy and the remaining requirement is generally procured from the open market by the patients or their relatives. In Kerala, one of the most literate states in India, private practitioners of medicine cater to 60% of the need of health care for the community.

For many busy practitioners, the only source of information about new drugs is from promotional brochures brought out by pharmaceutical firms. Many techniques are used by the pharmaceutical firms, right from the flash cards to the very advanced and slide or video presentations. Often the brochures are presented in a very impressive manner so that the listener will get trapped unaware into believing what was told. However, in reality, the drug promotional information delivered to practitioners is not often the “truth and nothing but truth.” In this issue of the Calicut Medical Journal, (2008; 6(1):e5) Mohammad Saidul Islam and Sharmin Shams Farah have discussed the contents of drug promotional brochure in a rural set up in Bangladesh. According to them about one third of the drug promotional brochures had misleading information. Of the total misleading claims, 50% were based on unsettled evidences and about 22% were presented in an exaggerated fashion in those

promotional brochures. Prevalence of ambiguous and forged claims was reported to be about 16% and 12% respectively. Their article should make us think about unethical methods of drug promotion by presenting pseudoscientific information to the gullible and very busy practitioners of medicine.

I vividly remember the promotional brochure of rabeprazole in India by one pharmaceutical firm. The brochure showed the emblem of WHO and it mentioned that the drug is approved by WHO. I was a bit curious and asked the company personnel to give details about the WHO approval. After a few days, I received a telephone call from a top brass of their firm and he offered a lot of lame excuses and finally mentioned that the drug in question was mentioned in the "Newsletter" of WHO. I looked up the details on the internet and to my great astonishment, I found that the drug was mentioned in the news letter simply in the column of new drugs released in different countries by various firms. I made a strong protest with the company and within a short period they stopped showing me that flash card, but I still do not know whether they have withdrawn that material totally.

There are no guidelines as to what one should prescribe in a given situation in many

developing countries. The guidelines formulated in developed countries are too impractical for the developing world. Practitioners are guided by their own clinical knowledge acquired during the formal medical training, experience and periodic refurbishment of knowledge obtained by attending the continuing medical education programmes. Another important factor is the widely varying price of same molecule with little data on the efficacy of each brand. For example, imported clopidogrel sold in India costs around Rs. 110 while Indian brands cost around Rs. 3. There is a large range of price difference between Indian brands also. How do we know the cost/efficacy ratio? The choice of selecting the drugs from inexpensive ones to exorbitantly expensive ones remains within the conscience of the practitioner. It is still not late to formulate some sort of basic guidelines in the management of diseases especially for the prescription of drugs. It is heartening to know that the Government of Kerala has initiated the setting up of treatment guidelines by taking into consideration of the local factors. This journal wholly supports such an initiative and we hope that those new guidelines will improve the drug prescription pattern amongst our medical practitioners.

There should be alternate and reliable source of information to cross check all the tall

claims put forth by pharmaceutical companies. Unfortunately most of the correct information in the literature is published in journals which are not accessible to most people living in developing countries. There is an urgent need to have a forum wherein all the tall claims on

new drugs can be discussed by experts and the information is made widely available to all practitioners. As the open access method of publication catches up and becomes the standard, this void can be filled to a great extent.