

JPHS 2020, 11; 55–60
© 2019 Royal Pharmaceutical
Society
Received April 22, 2019
Accepted September 27, 2019
DOI 10.1111/jphs.12325
ISSN 1759-8885

Unethical pharmaceutical marketing in Pakistan: a systematic review

Riaz Hussain Khowaja  and Anam Feroz

Department of Community Health Sciences, Aga Khan University Karachi, Pakistan

Objective The unethical drug practices are a common phenomenon worldwide but are severe in the developing countries. Drug practice has two scopes: one is medication and other is drug marketing.

Methods In this paper, the ethical practices of pharmaceutical marketing in Pakistan will be examined; a global perspective will be reviewed bearing in mind the internationally agreed standard and marketing practices. The research design of this study is a systematic review of qualitative studies on the situation of practices of pharmaceutical marketing in Pakistan.

Key findings This study shows the impact of the promotional practices and the influence it plays on the physicians saddled with prescription of drugs, it also shows that the ethical principles highlighted above which include: autonomy, non-maleficence, beneficence, justice and fidelity; which are compromised in these interactions.

Conclusion Suggestions to effect on strategy-making in Pakistan, creating more secure society and guaranteeing best guidelines are maintained in the pharmaceutical business.

Keywords drugs; health care; medicines; pakistan; pharmaceutical; prescriptions

Background

According to the World Health Organization (WHO), 2018, the world pharmaceutical market worth about \$ 1.4 trillion per annum across the world with global market value estimated to increase annually. Considering the huge market size and potential market profits, there is always a tendency of conflicts arising from how these multinational financial companies operate. Patient safety is of uttermost importance in healthcare provision, and pharmaceutical companies owe this duty to their patients especially where marketing of products to maximise sales is the key, leading to possibilities of conflict in interest.^[1,2]

Pakistan's pharmaceutical market is estimated to worth about \$25 trillion. The country's pharmaceutical companies are made up of both multinational companies (MNC) and national corporations.^[3] There is stiff competition for the pharmaceutical market share with the MNCs holding about 45% shares of the market while the national companies currently hold about 55%. The share market size means multinational companies, and local players will do everything possible to get the maximum profits and returns on any investment made. There has been a gradual shift in these market shares overtime with more market share being lost by the multinational corporations (MNCs) This constant competition for market share only further encourages marketing practices which sometimes exceed the ethical bounds.^[4]

Unethical practices in pharmaceutical marketing are borne out of the profit-driven nature of the market; practices that may constitute unethical practices include: (1) providing false/tailored doctored efficacy of drugs, (2) concealing or covertly not revealing side effects of drugs, (3) providing incentives to healthcare workers to encourage promoting a brand's drugs and (4) propagating a disease to increase awareness of a drug rather than actually health education about the disease.^[5] Unethical marketing processes by pharmaceutical companies often lead to biased judgement by prescribing healthcare providers, thus favouring these companies' products, and this often leads to compromise of patient care and safety as well as breaching public trust vested on healthcare provider's fidelity.^[6] Healthcare providers are held with the highest level of trust in the society, and any breach of this is a failure on the part of the providers.

Correspondence: Riaz Hussain
Khowaja, Department of
Community Health Sciences, Aga
Khan University Karachi,
Pakistan.
E-mail: riazkhowaja@gmail.com

Objective

In this paper, the ethical practices of pharmaceutical marketing in Pakistan will be examined; a global perspective will be reviewed bearing in mind the internationally agreed standard marketing practices. The local problem of ethical marketing practices in Pakistan will also be explored and finally narrowed to a case study. Some legal aspects of this subject will also be considered, and other issues arising will be discussed. Recommendations will be put forward with a view to impact on policy making in Pakistan, providing safer society and ensuring best standards are upheld in the pharmaceutical industry.

Procedure

The research design of this study is a systematic review of qualitative studies on the situation of practices of pharmaceutical marketing in Pakistan. In spite of exploring the healthcare system of Pakistan and recommendations that almost every literature would suggest, the unethical practices of pharmaceutical marketing have been alarmingly increasing in Pakistan. The systematic review of literature is an appropriate and ideal research approach to clearly understand the ‘knowledge gap’ within the several studies on unethical practices of pharmaceutical marketing in Pakistan. (Table 1 and Figure 1).

Results

Ethical principles – General overview

Ethics refers to the principles which guide what is morally right or wrong.^[7] Its application is broad and can be applied to individuals, groups or societies at large. Ethical principles have also being viewed from the philosophical perspective.^[8] Ethics is often a broad and controversial subject, with numerous schools of thoughts putting up their arguments. While various authors described ethics within different complex concepts, ethics also applies to work places,

industries, government dealings among others.^[9] Theories which try to explain ethical principles include:

Ethical theories

Deontology

This theory postulates that irrespective of the outcome of an action, the action itself should be judged as either good or bad. Therefore, in health context, for example, rather than the outcome of a treatment, the actions to offer that treatment should be judged.^[10]

Utilitarianism

On the other hand, Utilitarianism argues that the outcome from people’s judgement should be used to judge their actions. In this theory, the argument holds that an outcome or consequence which does well for majority is ethically right irrespective of the actions taken.^[9] These theories are just few among many others; however, for the scope of the work, these will be considered.

Principles of ethics

In clinical medicine, individuals are mainly seen as single individuals whereas public health tends to look at the general health of all in context, this scope is important in ethics because some treatments may be beneficial for just one individual but when the whole population is considered, this option may not be the most beneficial to all. Healthcare providers are often faced with such dilemmas and thus have to be guided by laid down ethical principles. Some of the guiding principles include:

Principle of autonomy

This implies the right to choose. Patients under this principle have the right to choose what treatment they want. They should be furnished with information regarding the different options for example – drugs which they can choose from. In regards to unethical marketing practices, patients are often given no choice rather the influence of the marketer dictates what they are given for a particular disease condition.^[11] Patients should be given free right to drugs of choice when there are options available and physicians should be discouraged from writing brand names, rather standard practice of generic drug names should be the norm.

Principle of beneficence

This principle is concerned with doing well for the benefit of all. The society at large should benefit from the actions of the pharmaceutical companies. However, when unethical practices are done, community is denied these benefits and only a few (Pharmaceutical company shareholders) benefit by these practices. Healthcare providers are also not exempt, because rather than providing what is beneficial to all, they are sometimes influenced by the incentives from particular product owners. To do good means, physician and health

Table 1 Eligibility criteria

Attribute	Inclusion criteria	Exclusion criteria
Population	Analysis or meta-analysis on unethical practices of pharmaceutical marketing in Pakistan	Studies on herbal medicines and marketing not in Pakistan
Type of studies	Original studies, case studies, cross-sectional studies, case-control studies, randomised controlled trials, quasi-experimental studies, systematic reviews and clinical control trials	Commentaries, editorials, symposium proceedings and irretrievable documents
Language	Studies available in English	Studies which were not available in English translation
Time period	Studies between 2000 and 2019	Studies before 2000

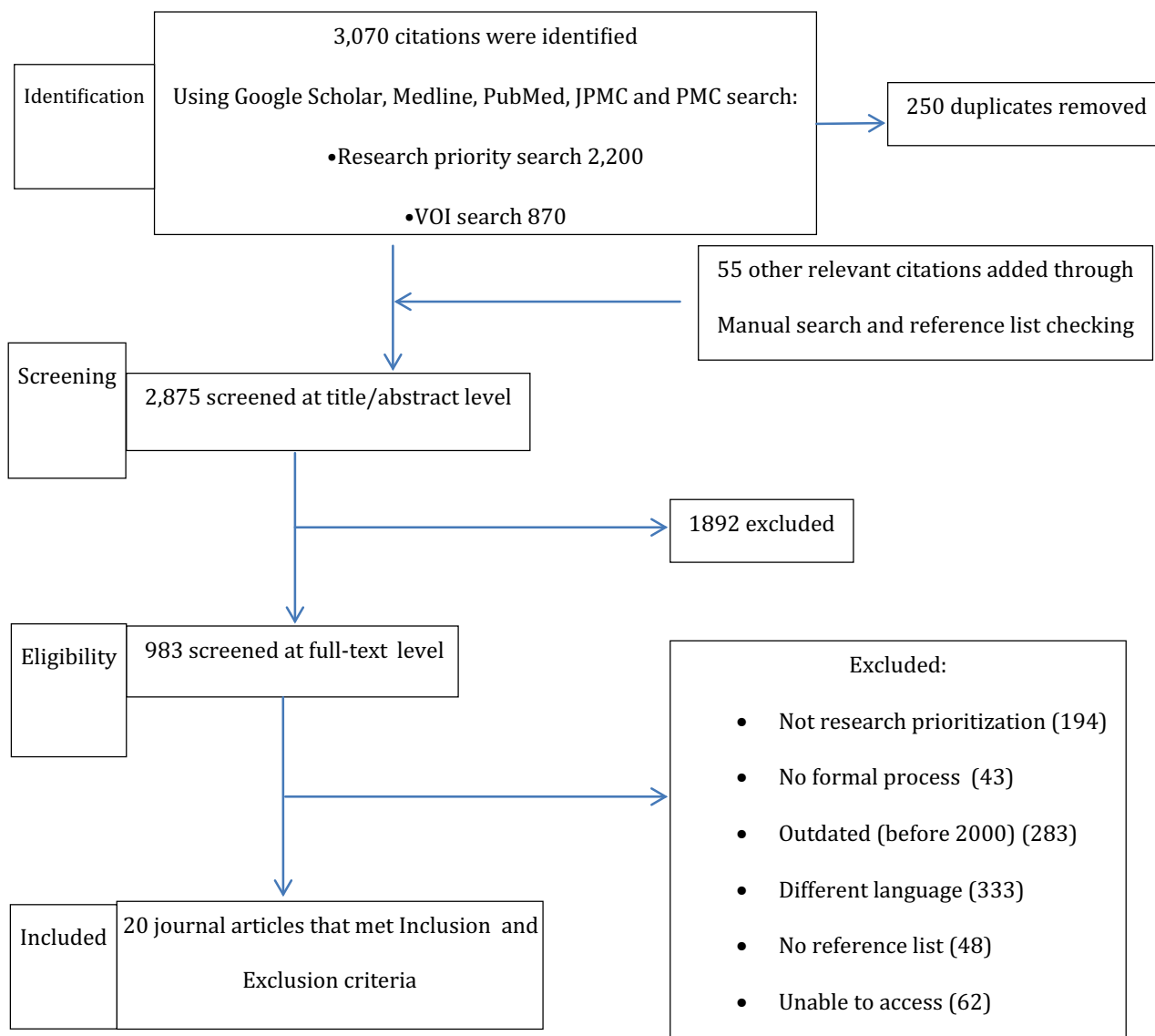


Figure 1 PRISMA flow diagram.

providers including the pharmaceutical companies give the best options to people at affordable and sustainable prices.

Principle of nonmaleficence

‘Do no harm’, this principle dictates that as one saddled with the care of people into your hands, it is your duty to do no to harm anyone either deliberately or otherwise. Proving false information about the efficacy of a drug or hiding its harmful side effects is an indirect harm to patients. Companies have shown that these practices can lead to adverse effects and subsequent withdrawal of certain drugs. Compensations are also difficult to come by especially for those from less privileged societies; hence, it is the duty of physicians to ensure all ethical and standard protocols are observed during drug trials or when a new drug has been put to the market.

Principle of justice

Justice in ethical practice means fairness is applied to all by actions of individuals. When people are treated equally and allotted their fair share of health services and products, then this principle is upheld; however, when pharmaceutical practices interfere with equality and fairness for its profit, this principle is violated (Pharm world Sci 2005). Furthermore, when drug companies invest in drugs that are more profitable rather than provision of drugs which will benefit more, the principle of justice is neglected.^[2]

Principle of fidelity

Healthcare providers are entrusted to act duly with fidelity; this implies that the parties involved should be faithful and trustworthy and maintain integrity. When a prescriber is

influenced by the incentives for prescribing a particular product, that duty of fidelity is breached. Covertly or overtly, pharmaceutical companies through their unethical practices compromise the duty of fidelity entrusted to healthcare providers.^[12]

Ethical practices in drug marketing and promotion

The WHO through its Ethical Criteria for Medicinal Drug Promotion in 1988 following its Forty-First World Health Assembly provided the guidelines for how drug promotion will be conducted among member states.^[13] This guiding principle included responsibilities for all players in the provision of health care: governments, pharmaceutical companies, physician and all professionals responsible for drug provision. In their document, the WHO outlines the government's responsibilities to include (a) ensuring ethical criteria are used to promote laws and policies guiding drug promotion with aim of providing safe and quality health care for its populations (b) to provide the monitoring, evaluation, enforcement and disciplinary measures when needed.^[13]

In the same document, the pharmaceutical companies, those who prescribe drugs and media houses were urged to adopt the given criteria and ensure high ethical standards, were observed and maintained. The criteria though recognised and adopted by member states were not deemed a legal obligation; however, the emphasis was on the need for all those involved with production, supply, prescription and distribution of drugs to have ethical guides in promoting health.^[13]

The criteria covered comprehensively on all major aspects of drug circulation in the health system from point of production up to the end user and even postmarketing surveys and information dissemination regarding a drug. The document also considered the different cultural and legal frameworks of the different member states making provision for flexibility and accommodation of those practices. This is important because different cultural, social, legal and ethical standards exist among member states. Major headings outlined include:

- 1 Promotion
- 2 Advertising
- 3 Media Representation
- 4 Provision of free samples
- 5 Organisation of symposia, education and scientific seminars
- 6 Postmarketing studies, drug surveys and information dissemination
- 7 Drug marketing and labelling
- 8 Patient information leaflets and materials
- 9 Drug for export and its promotion

Despite WHO's comprehensive guideline through the 1988 criteria, the overwhelming practices in the pharmaceutical industries' drive for profits have led to the abandonment of these ethical practices.^[2] The International Federation of Pharmaceutical Manufacturers and Association (IFPMA) also developed its code of conduct for pharmaceutical companies. The principles are similar to the WHO^[13]

criteria, and the priority is given to patient safety and ensuring ethical and transparent practices among industry players.^[11] Ethical topics covered in this code of conduct also dwell on the interaction between manufacturers and the physicians which often is the key area for many of the controversies, conflict of interests and ethical questions.^[14] In IFPMA's code of ethics, there are clear guidelines regarding the ethical, moral and professional conduct of both parties.^[11] The guideline also touches on sponsorship of events, seminars, travel or other personal sponsorships, and there are clear guidelines regarding what is acceptable and what is not. There are also prohibitions on practices such as gift reception, entertainment and overseas travel sponsorship in this guide.^[11] Although the WHO and IFPMA provide clear guidelines on ethical practice, there is however undeniable evidence that unethical pharmaceutical marketing practices continue to plague the health sector.^[2,4] The standards adopted by these two bodies if followed will be substantial to provide healthy and ethical drug distribution channel, however, this is not the case as many participants are lukewarm and governments also show lackadaisical attitude towards the unethical practices.

Unethical Pharmaceutical Practices

While the level of unethical practices is quite difficult to measure, researchers have developed, tested and validated screening tools for measuring to an extent the level of unethical practices in many markets today.^[3,15] Some of the unethical practices identified but not limited to include: offering and receiving of monetary gifts, collection of personal items, receiving private sponsorships for self and or family for different types of recreational events, sponsored holiday travels, receiving home and office equipment, furniture, renovation or building projects among others are known unethical practices.^[3]

Studdert, Mello, & Brennan^[16] have suggested that at least \$12 trillion is spent on payment to physicians by pharmaceutical companies, with some of the gifts overtly offered, it is quite difficult to ascertain the level of these unethical practices. Reports by Blumenthal^[6] also state the feeling of indebtedness faced by health providers who are beneficiaries of any promotional materials and subsequent bias in prescribing the drugs of the sponsors. These kind of practices, although appear subtle, encourages the drug marketers to invest more into promoting their products and breaching ethical conducts (MNC). When unethical practices are punished, individuals will become more careful in their dealings with some of the covert or subtle unethical practices.

Pakistani Pharmaceutical Market and practices

Pakistan is one of the big emerging markets among developing countries, and its pharmaceutical market is worth about \$6.5 trillion makes it a competitive one for pharmaceutical companies (Ahmed et al). The market which is profit-oriented often leads companies into drug promotion practices which may sometimes be regarded as unethical. The burden of guilt is not limited to the pharmaceutical companies alone;

this is because physicians and government officials also part take in the various practices to promote these unwholesome practices. Globally, the impact of unethical practices in drug promotion where companies invest a huge proportion of their profits to marketing drugs rather than research, development and health promotion has been noted.^[2,15] Sadly, these practices have trickled down to developing nations with Pakistan not being spared either.^[4,15]

Although there is paucity of data regarding research into unethical drug marketing practices in Pakistan, the works of Parmar and Jalees (2004) have shown that a large proportion of the pharmaceutical corporation budgets is channelled into the research of the Pakistani market. However, it neglects the area of exploring the unethical drug promotion practices scourging its sector.^[3] There is a growing concern regarding the level of spread of these unethical practices, with emphasis placed on the relationship between doctors and pharmaceutical companies' representatives.^[4] These issues have led the Pakistani Medical Journalist Association to put up some articles, however, little or nothing seems to have been achieved from that.^[3]

In their study, Ahmad et al^[4] looked at the response of physicians towards the practices in the Pakistani market, surprisingly majority of the physicians did not think the practices were wrong, instead outlined the benefits of attending the numerous sponsored seminars and the associate benefits accrued to them. These findings also suggest the rather subtle nature through which these practices are done and the complexity of the problem. In the same study, however, the pharmaceutical companies were given questionnaires regarding the ethical nature of the drug promotion practices, 60% admitted that the practices were rather not in keeping with the standard ethical protocols, whereas a little more than half of the respondents also concurred to being the instigators of these practices.

This study shows the impact of the promotional practices and the influence it plays on the physicians saddled with prescription of drugs, it also shows that the ethical principles highlighted above which include autonomy, nonmaleficence, beneficence, justice and fidelity are compromised in these interactions.

Discussion

The case study reviewed for this report is based on the works of Ahmed & Saeed^[3] on unethical marketing practices by pharmaceutical companies in Pakistan. The title was 'Pharmaceutical Drug Promotion in Pakistan: Issues in Ethical and Non-Ethical practice'. The study was carried out in Karachi, Pakistan to identify the degree to which unethical practices had affected the pharmaceutical market, which is a fast developing, worth more than \$6 trillion. The research also set out to find if there was any proof of relationship between the promotion practices of these companies and stakeholders which include the doctors, pharmacies and government agencies responsible for drug distribution. The study also set to find out who was responsible in most cases for instigating the unethical practices and how these are maintained. The study findings showed that both the

pharmaceutical companies and the health providers were responsible for these unwholesome practices. Government corruption and weak legislation also contributed to the practice being sustained. While majority of the doctors do not see anything wrong with the practice, it is noteworthy that the whole health system is encouraging these illegal practices and something drastic has to be done. The study in Karachi revealed that widespread corporations with no strong institutional and legal backing, simple codes of conduct will serve no much purpose.

Recommendations

Various researches into the problem of unethical marketing of pharmaceutical products have put forward possible recommendations in curbing these practices. Some considered recommendations include:

- 1 Ensuring stronger legislation regarding unethical marketing practices is put up, reviewing current legislation and tougher measures for offenders.
- 2 Proper monitoring of pharmaceutical representatives in healthcare institutions, setting up dedicated and trained committee that will review all sponsored events, ensuring that all ethical standards are met.
- 3 Providing written protocol, creating awareness and training programmes about ethical marketing practices for all healthcare workers who are involved with pharmaceutical products.
- 4 Adopting standard practices nationally as regards what constitutes 'ethical' and 'unethical' marketing practices to help reduce or eliminate ambiguity and promote better practices. Tougher measures, discouraging unethical practices, naming and shaming of offenders and publishing their names should be recommended. Heavy compensations should also be paid and penalties to offenders.

Conclusion

The pharmaceutical industry is one of the most lucrative markets, although healthcare provision ought to be the focus of these companies, the drive to make profits and maximise market share continually influences how these companies promote their products and invariably affect care. The pharmaceutical industry is one of the most lucrative industries, and thus can easily be led towards unethical practices.

Governments, health practitioners, nongovernmental organisation all have a role to play in healthcare provision; ethical standards have to be kept otherwise there is bound to be a negative effect on the people. While the influence of these companies is massive, there should however be strong legislations that will deter people from behaving unethically. Punishments such as cessation of licences, expulsion of companies and other measures are factors that can be considered considering the harmful effect of these practices on health of communities. Adopting standard practices should be the key message of government to health official and practitioners, while government should make it their

responsibility to provide ethical training for staff rather than leaving these in the hands-on pharmaceutical companies.

Although the WHO does not put legal obligations on member states, in the interest of global health and safety, countries who sign up to the Ethical Criteria for Medicinal Drug Promotion guidelines should also sign affidavits or undertakings to own up to any legal disputes that may arise from unethical drop promotion and marketing practices in their countries.

Declarations

Authors' contributions

All authors had the complete access to the data that helps the publication, Riaz Khawaja drafted & designed the study tool, Anam Feroz analysed the collected data & Rabia Khawaja proof read it before publication. All members of the team collaborated in the development of tool designing & revision the final version of manuscript.

References

1. International Federation of Pharmaceutical Manufacturers Associations (IFPMA) (2012) Code of Pharmaceutical Marketing. [Online]. Available at: http://www.ifpma.org/fileadmin/content/Publication/IFPMA_Code_of_Practice_2012.pdf.
2. World Health Organization (WHO). Pharmaceutical Industry. Geneva: WHO. [Online]. Available at 2015; <http://www.who.int/trade/glossary/story073/en/>.
3. Ahmed RR, Saeed A. Pharmaceutical drug promotion practices in Pakistan: Issues in ethical and non-ethical pharmaceutical practices. *Middle-East Journal of Scientific Research* 2014; 20: 1630–1640.
4. Ahmad M, et al. Ethical evaluation of pharmaceutical marketing in Pakistan. *Acta Bioethica* 2011; 17: 215–224.
5. Hollon MF. Direct-to-consumer advertising: a haphazard approach to health promotion. *The J Am Med Association* 2005; 293: 2030–2033.
6. Blumenthal D. Doctors and Drug Companies. *N Engl J Med* 2004; 351: 1885–1890. <https://doi.org/10.1056/NEJMp042734>.
7. Singer P. *Writings on an ethical life*. London, UK: Harper Collins Publishers, 2000.
8. Buchanan DR. Autonomy, paternalism and justice: Ethical priorities in public health. *Journal Information* 2008; 98: 15–21. <https://doi.org/10.2105/AJPH.2007.110361>.
9. Johnson R, Cureton A. Kant's Moral Philosophy. <https://Plato.Stanford.Edu/Entries/Kant-Moral/>, The Stanford Encyclopedia of Philosophy, July 2019, plato.stanford.edu/entries/kant-moral.
10. Noble R. *Introduction to Medical Ethics -Medical ethics in the global village*. London, UK: British Council, 2007: 4–6.
11. Beauchamp T, Childress J. *Principles of Biomedical Ethics*. <https://Www.Utcomchatt.Org/Docs/Biomedethics.Pdf>, Erlanger Medical Ethics Orientation Manual, May 2000, mhrtpw/so_g_n_zic_h.pdf.
12. Ross WD. *The Right and the Good*. Reprinted with an introduction by Philip Stratton-Lake. 2002. Oxford, UK: Oxford University Press, 1930.
13. World Health Organisation (WHO). *Ethical Criteria for Medicinal Drug Promotion*. Geneva: WHO. 1988; <http://apps.who.int/medicinedocs/documents/whozip08e/whozip08e.pdf>.
14. Komesaroff PA, Kerridge IH. Ethical issues concerning the relationships between medical practitioners and the pharmaceutical industry. *Med J Aust* 2002; 176: 118–121. <https://doi.org/10.5694/j.1326-5377.2002.tb04318.x>.
15. Shah SA, Khawaja HA. Unethical marketing practices of pharmaceutical companies in Pakistan: A case study of sukkur division. 2013.
16. Studdert DM, et al. Financial Conflicts of Interest in Physicians' Relationships with the Pharmaceutical Industry — Self-Regulation in the Shadow of Federal Prosecution. *New Engl J Med* 2004; 351: 1891–1900.