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Introduction

A just health care system is concerned with promoting equity of care:

- to assure that the right of each person to basic health is respected
- to promote good health of all in the community.

Health care professionals are bound together by a common goal in order to promote the good of patients and society. Patients expect this co-operation in order to receive optimal treatment and care with respect to pharmaceutical therapies that are required to meet their needs.

However, a number of issues are curtailing the attainment of this goal and these will be addressed in this paper. The development of expensive

innovative medicines; financing of medicinal therapy under the Social Security Act (priority setting and rationing treatment), patient-centred care and continuity of patient care at state pharmacies, from which all free medicines under the Social Security Act are currently dispensed is steadily improving. An ever-rising demand for specific treatments by individual patients; and a trend to treat medicines as ordinary items of commerce form the backdrop to these issues.

A response to these issues necessitates a collective approach by doctors, pharmacists, pharmaceutical industries and the State to promote the good of patients, society and future generations. All health care professionals are educated to refrain from criticism or unsustainable questioning of the competence of other professionals. This is not only unethical but undermines patient confidence and is in most cases unfounded.

“The public places great trust in the knowledge, skills and professional judgment of pharmacists. This trust requires pharmacists to ensure and maintain, throughout their career, high standards of professional conduct and performance, up-to-date knowledge and continuing competence relevant to their sphere of practice whether or not they work in direct contact with the public.” (Code of Ethics, RPSGB, 2000)

Pharmaceutical Issues in Malta

The pharmacy profession has found an important role in diverse aspects of modern working life such as industry, academia, community pharmacies, government agencies, and hospitals. As a direct consequence of this, the pharmacist works with members of other health professions – such as medical doctors, scientists, nurses, midwives and physiotherapists, and also non-healthcare professionals such as managers, economists, auditors, pharmacy owners etc., adopting a multidisciplinary approach, in order to promote a more holistic aspect of healthcare, thus providing the patient with the best possible therapy.

Hence, this necessitates a serene working environment, in which every health professional fully respects the others' decision but is also open to discussion on therapy and all aspects of patient care. Malta is in a unique position that many GPs meet community pharmacists on a daily basis because their clinics are close to or seen inside the pharmacy and clinical pharmacists have close contacts with other HCPs in hospitals.

Pharmaceutical Industry

Pharmaceutical industry interacts directly with physicians and pharmacists through their representatives. General Medical Council guidelines state: "The medical profession and the pharmaceutical industry have common interests in the research and development of new drugs of therapeutic value and in their production and distribution for clinical use. Medical practice owes much to the important advances achieved by the pharmaceutical industry over recent decades. In addition, much medical research and postgraduate medical education are facilitated by the financial support of pharmaceutical firms."

Large multinational pharmaceutical industries are merging to reduce R&D costs, involving billions of dollars and years of work. The industry and drug representatives have an important role in the provision of unbiased information about medicinal products (microlevel relationship). The latter provide important information to other health care professionals about new products on the market. Advertising and sales promotion are necessary for the pharmaceutical industry but prescribing health care professionals should choose, and should be seen to choose, the drug which is in the best interests of a particular patient, both from a therapeutic point of view and from a financial point of view. Any presentation to promote a drug should lead the health care professionals to critically analyse the literature provided. Drug trial reports, considered impartial, should be consulted together with evidence-based information.

Doctors and pharmacists must not accept any financial or other inducements from a pharmaceutical company which might compromise or be seen to compromise, the exercise of his/her professional

judgement. The doctor and pharmacist can however accept reimbursement of conference fees and sponsorship of postgraduate meetings, in the form of hospitality at a reasonable rate and at no compromise. The possible distribution of samples, inducing initiation of treatment, without ensuring the continuation of treatment, may pose problems and may not be in the best interest of the patient.

Medical representatives should exert basic truthfulness in information given that no medicine is perfect. The medical representative should use ethical behaviour with regards to competitors' products. Promotional techniques e.g. hospitality, gifts should not be out of proportion and should ideally be for medical education purposes.

Several influential techniques from the marketing literature, are thought to be commonly used by sales people. These have been termed the principles of reciprocity: samples, gifts, printed material, patient information leaflets or invitations are offered in all encounters. Appeals to authority figures, where promotional claims were supported by reference to professors or specialists, and Social validation acts, where reference was made to the peer group, were also common.

Commitment acts were observed to occur in two ways: the first as a direct request to use the product detailed and the second as a series of questions or statements which gradually moved from pre-agreed areas to solicitation of a commitment to prescribe the drug.

Medical and pharmacy practitioners may not be aware of the potential effect these techniques can have on their prescribing practices. Knowledge of these techniques must be incorporated into educational programmes designed to provide health care professionals with critical appraisal skills.

Equity of Access to Medicines

There may be the problem of inequity to access to medicines and pharmaceutical services that fit patients' needs. Theoretically a member

of the public can be appointed on the Drugs and Therapeutics Committee. Therapeutic decisions should be founded on protocols based on moral criteria and incentives for cost effective prescribing must be introduced. Pharmaceutical services must be expanded to meet patient's needs.

Issues Related to Drug Products Standards

Adequate structures and standards to ensure that medicines purchased by State and private health care systems are of good quality, safety and efficacy are still being developed in line with WHO schemes for certifications of pharmaceutical products and EU directives. Drug misadventure, medication errors, non-compliance and adverse drug reactions may be difficult to quantify, however they are a reality.

Relationship between Individuals in Health Care Team with Respect to Pharmaceutical Issues

Ethical issues may arise, as part of the normal functioning of the health care team - the person who takes a decision, and the reaction of other professionals, within the team (e.g., if the consultant decides not to tell the patient his/her diagnosis). At times patients and their relatives may ask questions in order to confirm something said by another healthcare professional. Pharmacists may not realise that this puts them in a difficult position.

Interactions with fellow professionals, usually in the complementary professions and with colleagues in different subspecialties of medicine, is common and allows a broadening of one's horizon. There is a marked difference in the amount of interactions with different professionals in the public health sector. Pharmacists are sometimes asked their opinion about the competence of other health care professionals or to recommend a professional in another speciality.

In a community setting, prescriptions should be adhered to and changed only if there is a just cause following consultation with the physician, in line with Medical and Kindred Ordinance, while in State pharmacies generic prescribing is the norm with some exceptions. Information, which the health care professional receives through prescriptions should be confidential. Pharmacists have a responsibility to patients for medicines they dispense and are guided by a code of practice in this relationship.

There should be effective utilisation of expertise, not competition with each other's competences.

Divergences of opinion between doctors and pharmacists are most likely to arise with regards to drug prescribing. Although legal responsibility for prescribing rests with the doctor who signs the prescription, the pharmacist has a professional legal liability to ensure that the patient receives the right medicine that is prescribed and the correct advice regarding dosage and administration. The question of dispensing generic substitutes is a controversial issue, even within the pharmacy profession itself.

Any major disagreement regarding a prescription should be resolved between the professionals and not involve the patient, who can only end up confused and lose confidence in the health care provider. Establishing a good working relationship between the doctor and the pharmacist facilitates communication and they can support each other.

Potential problems may arise when the pharmacist does not agree with the doctor's choice of prescription drug, because of potential side effects or interaction with other drugs that the patient is taking, maybe on prescription from another doctor or with non-prescription medication. Once aware of potential hazards, the pharmacist is obliged to inform the physician about the problem but may have a problem consulting the doctor due to the added responsibility of respecting patient confidentiality. The doctor has the responsibility of keeping up to date about therapeutic advances but should also be willing to learn from the pharmacist.

Patients often ask the pharmacist about the side effects of a prescribed drug, which have not been fully explained by the doctor or which they did not understand. Naturally, the product leaflet alone does not absolve the doctor from the duty of doing this. The pharmacist may have problems with 'prescriptions' not originating from authorized professionals, or problems with reading/interpreting prescriptions and how to deal with this. Legislation allows Health Authorities to ask pharmacists to provide information regarding abuse of prescriptions. This is in the interest of the medical profession as well as of individual patients. The over the counter (OTC) list should be updated and telephone prescribing must be avoided. The impact of virtual pharmacies on internet is still to be assessed.

Pharmacy Premises

The Medical Council still guides doctors in relation to financial arrangements with chemists and pharmacies as follows:

“A medical practitioner must not circulate professional cards to chemists or opticians; neither must he have any salary or commission or any other arrangement with a chemist or optician; he must not have financial interest either directly or indirectly in a local chemist's shop.”

Moreover, in the subsidiary legislation about the licensing regulations of pharmacies, doctors and dentists or their spouses do not qualify for a licence and the pharmacy licence is not renewable if a doctor has any direct or indirect interest in the pharmacy.

The underlying concept is that there should be no financial or other inducements from the pharmacy that might compromise or be seen to compromise the exercise of the doctor's professional judgement. In particular, there should be no inducements to affect referral to that particular pharmacy or to a clinic in that pharmacy. The patient should be free to attend the place of choice.

These guidelines may seem rather harsh and in fact, due to changes in the provision of health services in the UK, in the early 1990's, the BMA withdrew similar guidelines but directed the doctor who has a direct financial interest in a pharmacy to tell the patient beforehand, and to particularly refrain from explicit or implied direction to that pharmacy.

It is interesting to note that the concept that a commercial setting might compromise the profession, is also felt by the community pharmacists. However, for the protection of the patient, there is legislation requiring the presence of a pharmacist in each pharmacy at all times.

Considered from another angle, the actual presence of doctor's consulting rooms within the pharmacy is the ideal situation for developing and strengthening communication and respect between the professionals. There is also the right of the patient to choose the pharmacy of his/her choice.

Collegial Collaboration

Definition of roles is vital resulting in a focusing on the patient within the healthcare team. It is important that there is minimisation of overlap and at the same time provide cover for all areas. The pharmacist is in a good position to fill-up areas of patient care such as education and information about medicines, to enable patients to make the best use of them.

There should be communication among all stake-holders, mutual trust and mutual respect in an inter-disciplinary approach to the setting up of national policies with respect to drugs (mesolevel relationship).

The increased emphasis on interprofessional working has highlighted the need for greater collaboration and sharing of client information. A number of tensions that arise from collaborative relationships, which are not conducive to supporting interprofessional working in an ethically sound manner, have been identified. The way forward within these

collaborative relationships is to set clear parameters to the professional-client relationship, paying full regard to the autonomy of both the clients and the professionals involved. This approach to working will place the client at the centre of care provision.

Research and Academia

Billions of dollars in R&D are invested each year in pharmaceutical research. Gifts to institutions for research purposes are considered acceptable. Payment must be specified in the protocol for any research project, e.g. for assessing the effect of a new drug, and should be approved by the relevant national body. The patients involved in research must be informed regarding the nature of the study, the risks and their alternatives and patient consent obtained.

In the research environment and in clinical trials for new drugs, several health care professionals such as physicians, pharmacists, nurses, statisticians, biochemists, physiologists, analytical chemists, pathologists, geneticists, form part of a mixed group of colleagues working together towards one aim.

The advances in the Human Genome Project (HGP) will transform health-related research and ultimately the practice of medicine. The HGP's findings will offer clear improvements in diagnosis and prevention, and eventually in treatments, and the relationship between the academic medical centre and the pharmaceutical industry will change — but remain good — as that industry applies the findings of the HGP. The public and health care providers must develop a greater understanding of genetic issues.

Health Care Policy and Research Advisory Committees should be developed in Malta in order to foster health care research e.g. health care outcomes, and disseminate to clinicians, pharmacists and other HCPs, the findings of such research. Academics and HCPs working in clinical practice should co-operate in these activities.

Role of Non-Healthcare Professionals

There is an increasingly large number of nonhealth care professionals such as non pharmacist pharmacy owners, managers, economists, auditors, politicians, policy makers, whose involvement in these issues is both appropriate and necessary in the current healthcare environment in order to promote a more holistic aspect of healthcare. There should be an ongoing debate at macrolevel between State, representatives of professions and pharmaceutical industry, both the small but expanding local industry and large multinationals and other stake holders.

This debate will help to avoid a number of tensions, related to oppressed group behaviour, inadequate communication and conflict, that arise from collaborative relationships, which are not conducive to supporting interprofessional working in an ethically sound manner both the clients and the professionals involved.

The Way Forward

Professional mentoring may ease difficult situations and promote self-awareness, personal and professional growth, and leadership behaviour. Also very useful are resolution skills, improved exposure to diverse academic and professional experiences, and a need to learn management of feelings in effective ways. To cultivate co-operation, health care professionals need to better understand and accept each other's evolving roles and responsibilities.

Ethical issues which could arise, should be addressed and studied minutely, keeping as sole aim the risk/benefit ratio to the patient. Regular meetings and joint workshops and projects should be encouraged, in order to increase awareness of difficulties and conflicts, which health professionals may have. Joint continuing of on going professional development and education are very important

Pharmaceutical issues need defined structures, processes, and outcomes which are necessary to improve practice and patient outcomes and further develop legal and ethical standards, and thus aid in health care reform.

Health care professionals are bound together by a common moral purpose: to act in the patient's best interest. Thus, each health profession is a moral community, which must determine and promote ethical behaviour among its members and examine its responsibilities for vulnerable patient groups such as children. This relationship is about the effective utilisation of valuable human resources to the benefit of the nation and should be addressed as a social partnership in these committees on pharmaceutical issues.

This review is based on the ethical guidelines laid down by the Medical Council of Malta, Maltese Legislation, the General Medical Council, Pharmacy Board of Malta, Royal Pharmaceutical Society of Great Britain and the British Medical Association.

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