

# A Comparative Analysis of Involvement of Urban and Rural Physicians in Unethical Drug Promotion Practices in Madhya Pradesh

<sup>[1]</sup> Dr. Ramkrishna Shukla, <sup>[2]</sup> Mr. Harshit Kumar Sharma

<sup>[1]</sup> Prof./Director-Giridhar Group of Institutions, Mandideep, India

<sup>[2]</sup> Research-Scholar-Barkatullah University, Bhopal, India

Email: <sup>[1]</sup> drrkshukla.2012@yahoo.in, <sup>[2]</sup> sharma.harshit18@gmail.com

**Abstract---INTRODUCTION:** Indian Pharmaceutical Industry has a noticeable position and known for its rapidly creating presence in the Worldwide Drugs industry. India positions third to the extent drug creation by volume and fourteenth by value. India is the greatest provider of generic meds from one side of the planet to the other and furthermore supplies 62% of the worldwide necessities of vaccines. In drug promotion the consumer isn't the king yet the components of promotion are more centered on convincing the doctors for more prescriptions. The Multinational, National and local pharmaceutical companies compete each other aggressively for getting control over a larger share of market, offering me too drugs, pushing high value brands, promoting irrational drug combinations and to earn higher profits the stakeholders does not hesitate to adopt the unethical drug promotion practices. The pharmaceutical companies put unendurable stress on sales representatives to accomplish higher sales target. The physicians also understand the greedy intentions of the pharmaceutical companies and take advantage by active involvement in negotiation on business dealings.

This outcome is the unscrupulous drug promotion practices by pharmaceutical companies and doctors to procure a huge benefit at the expense of patient care. Pharmaceutical Companies and the doctor's connection are getting ravenous and unholy. The pharmaceutical companies are aggressively promoting the drugs in urban and rural market and do not hesitate to elevate the medications to the non-qualified medical care staff for deals. The study aims to investigate and compare the involvement of urban and rural physicians in unethical drug promotion practices in Madhya Pradesh.

**METHODS:** The primary data is collected with the help of a structured questionnaire. The purposive sampling is used in which the 100 physicians are chosen for study those are open to discuss about the unethical promotion practices. Out of which 50 physicians are working in urban areas and 50 are working in rural areas of Madhya Pradesh state.

**RESULTS:** The mean scores of involvement of urban physicians in unethical drug promotion practices are comparatively higher than the mean scores of rural physicians.

**CONCLUSION:** The urban physicians are more involved in unethical drug promotion practices comparatively to rural physicians

**Keywords---** Drug Promotion, Pharmaceutical Marketing, Pharmaceutical Promotion, Unethical drug promotion

## I. INTRODUCTION

Indian pharmaceutical has a prominent position and known for its quickly developing presence in the Global Pharmaceuticals. India positions third as far as drug creation by volume and 14th by value. India is the biggest supplier of generic medications all around the world and also supplies 62% of the global requirements of vaccines. More than 80% of the antiretroviral drugs utilized all around the world to battle AIDS (Acquired Immune Deficiency Syndrome) are provided by Indian drug firms. The domestic pharmaceutical industry incorporates a network of more than 3000 pharmaceutical companies and more than 10500 manufacturing units. As indicated by the Indian Economic Survey 2021, the homegrown market is required to develop 3x in the following decade. India's homegrown drug market

is assessed at US\$ 41 billion in 2021 and liable to arrive at US\$ 65 billion by 2024 and additionally extend to arrive at ~US\$ 120-130 billion by 2030.

In pharmaceutical promotion the consumer is not the king but the elements of promotion are more focused on persuading the physicians for more prescription. The medical representatives of domestic and multinational pharmaceutical companies through detailing and sharing the scientific information promote their drugs and doctors prescribe the medicines to the patients. Poor regulation, work stress of MRs, offering "me too" products and introduction of many fixed dose combination drugs, pushing high-cost brands, the pharmaceutical companies compete each other fiercely to obtain the larger share of the market.

This results in unethical drug promotion practices by pharmaceutical companies and physicians to earn a gigantic

profit at the cost of patient care. Pharmaceutical companies and the physician’s relation are getting greedy and unholy. Gadre and Shukla (2016) also depicted the influence of pharmaceutical promotional malpractices of companies on physicians prescription and the active involvement of physicians demanding incentives, sponsorship and benefits to boost business. The pharmaceutical companies are aggressively targeting the urban and rural market and often hesitate to promote the drugs to the non-qualified health care personnel for sales. The study aims to compare the involvement of urban and rural physicians in unethical drug promotion practices.[1]

**II. OBJECTIVE**

The objective is to compare the average scores of unethical drug promotion practices of physicians working in urban and rural areas of Madhya Pradesh.

**III. RESEARCH METHODOLOGY**

The study was undertaken in Madhya Pradesh state and the physicians working in urban areas are chosen from Indore, Bhopal, Jabalpur and Gwalior cities and the physicians working in rural areas are chosen from the rural areas of the state. Primary data was collected with the help of structured

questionnaire and the physician’s responses are recorded. The questionnaire consists of 16 questions designed to measure the unethical promotional practices of physicians. As the data is sensitive in nature, a sample of 100 physicians was chosen purposefully who agreed to discuss about the unethical drug promotional practices of physicians in the state. Out of 100 physicians, 50 physicians are taken from urban areas and 50 physicians are selected from the rural areas. The responses in the form of statements are recorded with the help of 5 point Likert scale ranging from 5= “strongly agree” to 1= “strongly disagree”.

**IV. STATISTICAL ANALYSIS OF DATA**

For comparing the means scores of unethical drug promotional practices of urban and rural physicians, independent sample t test is used and tested at 0.01 percent level of significance. The data is analyzed with the help of SPSS (statistical package for social sciences version 20).[2]

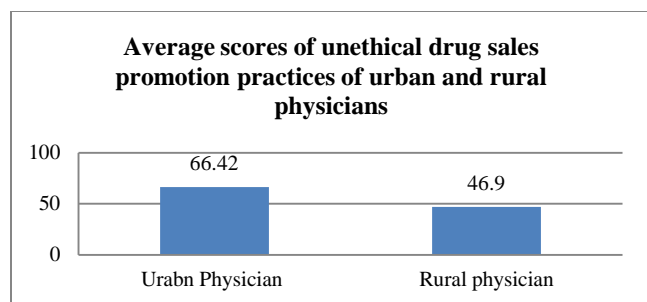
**A. HYPOTHESIS**

**Null (H<sub>0</sub>)** : There is no significant difference in the average scores of unethical drug promotion practices of physicians working in urban and rural areas.

**Table: t value showing the average scores of unethical drug sales promotion practices of urban and rural physicians**

Category	Sample size (N)	Average scores	standard deviation	"t" score	Degree of freedom	Remarks
Urban Physicians	50	66.42	5.08	17.18	98	Significant
Rural Physicians	50	46.9	6.22			

\*\* Significant at 0.01 level



**B. INTREPRETATION**

The objective was to compare the average scores of unethical drug sales promotion practices of physicians of urban and rural areas. There were two categories of physicians, namely Urban Physicians and Rural physicians. The data were examined with the help of independent t test and the outcomes are presented in the above table.

From the above table it is apparent that the t value is 17.18 which is significant at 0.01 level of significance at 98 degree of freedom. It shows that the average scores of unethical

drug promotion practices of physicians working in urban and rural areas vary significantly. Thus the null hypothesis that there is no significant difference between the average scores of unethical drug promotion practices of physicians working in urban and rural areas is not accepted. Further, the average score of unethical drug promotion practices of urban physicians is 66.42 which is altogether significantly higher than the rural physicians whose average scores of unethical drug sales promotion practices is 46.90.[3]

**C. FINDINGS**

It may therefore be said that the urban physicians were discovered to be more associated with unethical drug promotion practices comparatively to rural physicians.

**V. DISCUSSIONS**

The special promotional instruments are presented to physicians by the sales representatives of pharmaceutical companies. The sales representatives meet the doctors in their private clinics, hospitals and during meetings and advance their brands. The density of populace is high in urban areas and the quantity of high qualified physicians

with different specialties having high business potential serving patients in their private facilities and hospitals. These potential physicians are the primary target of pharmaceutical companies and the aggressive and deceptive promotional strategies are utilized to impact the prescription behavior of physicians to gain huge sales to earn massive profits.[4]

There are in excess of 1300 pharmaceutical companies working in urban areas and offering me too brands, fixed dose combination drugs and pushing high cost brands to doctors for prescription. To procure a larger share of the market and to excel in the competition the companies move from moral to dishonest advancement of drugs.

The selling tactics and the promotion trends has changed from giving medical scientific information through detailing and providing literature to generation of business by whatsoever the means or any practice . The ethical conduct is overlooked and ignored which was done earlier and now the total focus is to generate more and more business.

The urban doctors having various specialties to fame had a more extensive selection of brands of same drug ingredient which are produced by numerous drug organizations. The profit intentions of pharmaceutical companies are well understood by the doctors and the dealings and negotiations on business is made by these doctors with the companies. The doctors center on those companies who satisfy their interest. The job which was before played by drug organizations inciting doctors are switched and now the doctors are actively demanding costlier gifts and individual help and are the initiators of the business transactions.

Physicians procure benefits by selling the medications straightforwardly to patients. They get the drugs/vials/infusions straightforwardly from propaganda organizations or from the drug companies in lesser cost contrasted with retail price and sell those products to patients in hospitals and in their private facilities.[5]

Doctors/hospitals additionally constrain the patients to buy meds from close by chemists and drug stores in the hospitals and get commission from such physicists on giving business. They by and large make agreement for the common advantage.

In rural regions, the thickness of populace is low. The rural doctors are RMP (Rural Medical Practitioners), BAMS, BUMS, and the quacks; the GP expert relieving the overall sicknesses of patients has poor business potential. These doctors demand for additional samples, medical devices, small gifts and low month to month cash sum for prescription. These rural doctors are auxiliary to drug organizations because of feeble business potential.

The propaganda cum distribution organizations ordinarily focus on these RMP, BAMS, BUMS, specialists and initiate

them to endorse allopathic medications principally antibiotics and steroids which are not needed for general kind of sicknesses like cold and influenza and in everyday infections. Because of absence of information these provincial doctors endorse more antibiotics and steroids to general patients which could make them antibiotic resistant and could have contraindications.[6]

MCI (Medical Council of India) has set down mandatory code of conduct for medical professionals' .The code portrays the set of principles for the doctors and their connection with pharmaceutical companies. These codes restrict the physicians to get any expensive blessings from any drug or unified medical services industry or through the salespeople. The medical professionals will not acknowledge any travel trips, excursions trips for themselves and for their relatives for going to any conference, seminars, CME (Continuous Medical education ) programs. They ought not to accept any hospitality services like hotel stay nor will they acknowledge any money or financial awards from drug organizations.[7]

## VI. CONCLUSIONS

Despite various ethical regulations by MCI on drug promotion practices, the ethics are continuously violated and overlooked at the ground level by the physicians working in urban and rural regions of Madhya Pradesh. The study shows the urban physicians are more associated with the unethical drug promotion practices than the physicians working in rural regions of Madhya Pradesh.

## VII. RECOMMENDATIONS

Strict action should be taken and punitive measures against such practitioners violating the rules such as censure or removal from registration temporarily or permanently. Effective monitoring system must be introduced for monitoring and reporting of any unethical promotion of drugs.

## REFERENCES

- [1] Bhatt, A. D. (1993). Drug promotion and doctor: a relationship under change? *J Postgrad Med*, 39, 120.
- [2] Gadre, A. and Shukla, A. (2016). *Dissenting diagnosis:Voices of conscience from the medical profession*. Haryana: Random House
- [3] Gupta S, Khajuria K, Khajuria V, Kumar N. Comparative study of impact of marketing strategies of pharmaceutical houses on prescription practices of doctors rural vs urban. *Int J Basic Clin Pharmacol* 2018;7:1016-9.
- [4] Guha, A. (2009). Irrational medicine promotion practices. *Journal of Health Studies*, Available on

www.jhs.co.in/download/Articles.aspx?file=IF20103  
1020057 .pdf

- [5] Indian Pharmaceutical Industry. Pharmaceuticals
- [6] sector report; March 2021. Available at:  
<https://www.ibef.org/industry/pharmaceutical-india.aspx>
- [7] Medical Council of India (2009). *Professional Conduct, Etiquette and Ethics: Regulations*, 2002. Medical Council of India, Government of India. Available on <https://www.mciindia.org/documents/rulesAndRegulations/Ethics%20Regulations-2002.pdf>