Cambridge Assessment International Education

Cambridge International AS & A Level

GLOBAL PERSPECTIVES & RESEARCH **9239/13**

Paper 1 Written Examination **May/June 2021**

INSERT **1 hour 30 minutes**

INFORMATION

- This insert contains all the resources referred to in the questions.
- You may annotate this insert and use the blank spaces for planning. **Do not write your answers** on the insert.

DC (MB) 200038/2

The following documents consider issues related to medical priorities. Read them **both** in order to answer **all** the questions on the paper.

Document 1: adapted from *Unethical Relationship Between Doctors and Drugs Companies*, written by Assistant Professor Dr R K Bansal and Associate Professor Dr S Das in 2005. The article was published in the 'Journal of the Indian Academy of Forensic Medicine'. The authors work in the Department of Forensic Medicine and Toxicology in the Himalayan Institute of Medical Sciences, India.

According to the Indian Medical Council Act, the main aim of the medical profession is to provide a service to humanity. Financial gain is a lower consideration. But it has been observed globally that doctors linked to pharmaceutical companies are prescribing and promoting drugs for their own financial gain.

The basic role of a pharmaceutical company's medical representative (PCMR) is to inform doctors about their company's products. There is nothing wrong with that so long as patients benefit from it. After all, continued professional development of doctors is an essential part of a good health care system. The Medical Council of India expects that all doctors should try to improve their knowledge and skill for the benefit of patients.

Many doctors believe that their interactions with PCMRs have value for both themselves and their patients. This is because poor patients can be given free drug samples which are provided to doctors by PCMRs, and doctors are kept informed about available medicines. There is also a growing agreement among doctors that prescribing more high-quality expensive brands is far better than prescribing cheaper brands of unknown quality.

Some doctors argue that they are not influenced negatively by PCMRs. However, some PCMR drug promotions are too attractive for doctors to ignore. One study found that these promotions range from apparently trivial items like pens and writing-pads with logos, to much more serious gifts. These include large cash payments and luxurious trips for important doctors who praise or frequently prescribe the company's products. Many doctors seek sponsorship or financial aid from these companies to attend national and international conferences. It is also an open secret that health care organisations depend solely on pharmaceutical companies to sponsor their medical programmes and training events.

In 2003, Harvard Professor of Medicine David Blumenthal found that doctors who are frequently in contact with PCMRs are more likely to prescribe their newer expensive drugs. They do this to receive more and more financial gain and unashamedly disregard their patients' welfare. In our country, doctors are held in high esteem by trusting patients. They are considered second to 'Gods' by most patients. Therefore, doctors are able to prescribe, without question, their favourite PCMR's expensive drugs, with little thought for the poor patients who have to find the money to pay for them.

Brett, Burr and Moloo are the authors of *'Are gifts from pharmaceutical companies ethically problematic?'* They found that a majority of doctors don't consider it unethical to accept pens, pads, and drug samples. But they also found that doctors do believe it is unethical to accept expensive gifts of recreational value, such as luxurious trips, which have no professional benefit.

Substantial evidence suggests that when a valuable gift is given, it imposes on a doctor a sense of obligation. The doctor therefore may feel inclined to return the favour, by prescribing expensive medicines for patients. If a patient gets to know that the doctor is prescribing medical advice on the basis of financial gain, they may lose trust and confidence in the doctor. As a consequence, the credibility of the medical profession may decline.

The only practical approach to deal with this problem is for doctors not to accept anything of financial value from drugs companies.

Document 2: adapted from *SA's closet deals between doctors and drug makers*, written by Tamar Khan in 2016. The article was published in 'Business Live', a South African online business news magazine. The author is a Science and Health Editor for 'Business Day', a daily newspaper in South Africa (SA).

There is a problem of transparency in South Africa. Patients are unaware of the influence of the pharmaceutical industry, which every year pays millions of South African Rand in speakers' fees, free meals and research grants to doctors and research institutions.

There is actually no legal requirement for the companies to reveal the benefits they give to medical professionals, nor are they willing to volunteer the information. 'Business Day' asked six multinational pharmaceutical companies to disclose the nature and size of the payments they made to doctors and researchers in South Africa in 2015. None were willing to do so. GlaxoSmithKline, which discloses payments to doctors in the US, Japan, Australia and Europe, refused to provide data for South Africa.

Opinion is divided over the extent to which these payments are justified. Some scientists, such as Helen Rees, chairwoman of the South African Medicines Control Council (MCC), have consistently refused to take funding from the pharmaceutical industry. "I never do it, and never have. No one asks me anymore. I always thought good drugs must be used on the basis of their benefits to the patient, not on marketing strategies." She added that the South African MCC is looking at ways to publicise the relationship between its members and pharmaceutical companies.

However, others see funding from the pharmaceutical industry as a legitimate source of income. Francesca Conradie, president of the South African HIV Clinicians Society, is open about the payments she receives. She takes part in training events such as panel discussions to debate the pros and cons of different HIV/AIDS medications. Fees are typically R5,000 to R15,000 (USD 350 to USD 1,000) a session, she says. "I can't see how the payments would make a difference. I have never been asked directly or indirectly to sell a product." She adds that researchers have to declare their links to pharmaceutical companies when they attend conferences and when they provide expert advice to the MCC.

Transparency remains a key issue. Tamara Kredo, senior scientist at South Africa's Medical Research Council, says "There is global debate about how pharmaceutical payments affect the independence of those receiving the funds." In contrast to the lack of transparency in South Africa, US law requires pharmaceutical firms to state publicly their payments to doctors and teaching hospitals. They do this voluntarily in the UK as part of a Europe-wide move towards greater transparency. They do the same in Japan, where the top 10 pharmaceutical companies spent USD 1.63 billion on healthcare professionals and researchers in 2013. She adds that lack of transparency in South Africa may lessen patients' trust in doctors.

Marc Blockman, head of the ethics committee at University of Cape Town, South Africa, says pharmaceutical industry support for doctors is not necessarily wrong. However, he says we need a discussion about regulation to allow people to make extra money in a way that is not harmful to patient care.

As we can see, the issue is not whether doctors are funded by pharmaceutical companies, but whether funding affects their independence and has a negative impact on patients. We need transparency in South Africa.

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